

2014 Equine Emergency Medication Report Form

INSTRUCTIONS TO THE VETERINARIAN

1. The purpose of this form is to permit a horse/pony that requires forbidden medication because of an acute illness or injury to compete. They may compete after a minimum of 24 hours after the last treatment even if the drug has not fully cleared. Continuing to compete with the horse/pony must not be detrimental to the overall welfare of the horse/pony nor accelerate a disease process.
2. This form may only be used for the administration of a medication for emergency therapeutic purposes. This form is not permitted if a horse/pony has been administered a forbidden substance for shipping, clipping, or for any purpose other than a therapeutic purpose (i.e. the diagnosis or treatment of acute illness or injury).
3. This form is to be completed any time a horse/pony has been administered a forbidden substance for therapeutic purpose within 24 hours of competing (this includes any medication administered to the horse/pony). **IMPORTANT: The horse/pony MUST BE WITHDRAWN FROM COMPETITION** for a period of **NOT LESS THAN 24 HOURS** after the last administration of a forbidden substance. In any instance, if more than one non-steroidal anti-inflammatory drug is found in any sample, the test will be deemed positive despite the completion of this form.
4. Drugs and/or medications are to be administered to a horse/pony **BY A LICENSED EQUINE VETERINARIAN**.
5. The form must be filled in completely before it is submitted to the EC Steward/Technical Delegate. In the case of Bronze competitions with no steward/TD, it must be submitted to the organizing committee.
6. **THE FULLY COMPLETED FORM** must be submitted to the Steward/Technical Delegate, as follows:
 - a. **WITHIN ONE HOUR** of the administration of the medication;
 - b. **WITHIN ONE HOUR** of the Steward/Technical Delegate returning to duty (if the administration is at a time other than during competition hours); or
 - c. **WITHIN ONE HOUR** of arrival on the grounds (if the administration is at a time before arrival).
7. The filing of this medication report is **NOT A DEFENSE** to a violation of the Equine Medication Control Rules. If the Official Laboratory issues a certificate of positive analysis for a sample collected from a horse/pony treated as indicated on this form and shows the presence of a Forbidden Substance, the Equine Medication Control Committee must investigate the matter to determine whether all of the requirements of the EC Rules have been met. The information contained in this equine emergency medication report and any other relevant evidence will be considered in determining whether there has been a violation.

THE PERSON RESPONSIBLE (Section A - General Regulations, Glossary)

The Person Responsible for a horse must be an adult who has, or shares, responsibility for the care, training, custody, and performance of the horse and who has official responsibility for that horse under EC Rules and is liable under the penalty provisions of the Rules for any violation of the EC Rules. For the purpose of these Rules, the Person Responsible is normally the trainer, owner or the competitor who rides or drives the horse during an event, or a parent or legal guardian in the case of junior competitors. The Person Responsible is ultimately responsible for the condition, fitness and management of the horse and is alone responsible for any act performed in the stables by himself or herself or by any other person with authorized access to the horse, or while the horse is being ridden, driven or exercised.

The Person Responsible must hold a valid EC Sport License in good standing at the same level or higher in which the horse is competing. However, when the competitor is a Junior, the competitor cannot be the Person Responsible and the Person Responsible may be a parent/guardian who must be at minimum an EC or USEF member in good standing. The entry form must list the Person Responsible's name, their EC or USEF member number and be signed.

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Horse/Pony Name:		Horse	<input type="checkbox"/>	Pony	<input type="checkbox"/>
Age:	Sex:	Weight:			
Colour & Markings:					
Entry #:	EC Passport #:				
Person Responsible:	EC Sport License (USEF) #:				
Owner's Name:	EC Sport License (USEF) #:				

Identification of Medication (Please type or print clearly)

	Drug #1	Drug #2	Drug #3
Generic Name			
Amount Administered & Concentration			
Route of Administration			
Date(s) of Administration			
Date/Time of Last Administration			
Diagnosis and Reason for Administration			

Name of Veterinarian Administering Medication:

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Name (print clearly)

Signature

(Ensure this form is completely and accurately filled out, an incomplete form is invalid)

Instructions to the Steward/Technical Delegate (print clearly)

Date Received:	Time Received:	am	<input type="checkbox"/>	pm	<input type="checkbox"/>
Competition #:					
Name of Competition:					
Date of Competition:	City/Province:				

Name & Signature of EC Steward/Technical Delegate:

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Name (print clearly)

Signature

Steward/Technical Delegate Comments:

Did the horse/pony continue to compete? Withdraw from Competition?

**Please fax and send a copy of the completed form to Equine Canada as soon as it is received: fax (1-888-713-3315)
EQUINE CANADA, 308 LEGGET Dr., SUITE 100, OTTAWA, ON, K2K 1Y6**