



## EUROPEAN MEDICATIONS TESTING ORDER FORM

DATE: \_\_\_\_\_ START DATE OF EVENT: \_\_\_\_\_ EVENT NUMBER: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

EVENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

NUMBER OF HORSES EXPECTED AT EVENT: \_\_\_\_\_

**NUMBER OF NRHA MEDICATIONS TESTS NEEDED AT THE EVENT (NUMBER OF HORSES EXPECTED DIVIDED BY 20. THERE IS A MINIMUM 5 TEST REQUIREMENT):** \_\_\_\_\_

PLEASE NOTE: THE MAXIMUM MEDICATIONS TESTING FEE THAT SHOW MANAGEMENT CAN CHARGE IS 35€. IF IT IS DETERMINED PRIOR TO THE EVENT, THE MEDICATIONS FEES COLLECTED WILL NOT COVER THE TESTING FEES, NRHA MAY WAIVE THE REQUIREMENT FOR TESTING. IN THIS CASE, THE EVENT MAY NOT CHARGE THE MEDICATIONS FEE PER HORSE.

SHOW SECRETARY: \_\_\_\_\_ NRHA ID: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SHOW MANAGER: \_\_\_\_\_ NRHA ID: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### INVOICE INFORMATION FOR TESTING:

LEGAL ENTITY OR INDIVIDUAL RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MAIL THIS FORM TO [SOLDFIELD@NRHA.COM](mailto:SOLDFIELD@NRHA.COM) NO LATER THAN FOUR (4) WEEKS BEFORE THE START OF THE EVENT.