MEDICATIONS REPORT FORM

Please type, print, or write clearly.

**If medication is being administered by anyone other than the prescribing veterinarian, please include a copy of the R_x.*

Please review this forms carefully and sign that all information is correct.

You **DO NOT** have to use this form if you are administering: Diclofenac (Surpass®), Phenylbutazone (Bute®), Flunixin Meglumine (Banamine®), Ketoprofen (Ketofen®), Firocoxib (Equioxx®), Omeprazole (Gastroguard®), Methocarbamol (Robaxin®), Furosemide (Salix®), Altrenogest (Regumate®), Isoxsuprine Hydrochloride (Vasodilan®), or Dexamethasone (Dexjet SP®). These must be administered within the limits outlined in the NRHA Handbook.

A. IDENTIFICATION OF HORSE

Registered/Licensed Name of Horse: _____

Age: ____ Sex: _____ Color: _____ Breed: _____ Weight: _____ Entry Number: _____

Trainer's Name: _____ Owner's Name: _____

B. IDENTIFICATION OF THERAPEUTIC MEDICATION (MUST BE COMPLETED IF SECTION 8 APPLIES)

Product Name: _____

Amount Administered: _____ Strength: _____

Route of Administration (please check one):

☐ Oral ☐ Topical ☐ Inhalation ☐ Injectable (please check one below if injectable)

☐ Intramuscular ☐ Intra-articular ☐ Intravenous ☐ Subcutaneous

Date of Administration: _____ Time of Last Administration: _____ ☐ am or ☐ pm (please check one)

Diagnosis and Reason for Administering (This must be for a therapeutic purpose.):

C. ROMIFIDINE DECLARATION (*ALL SIGNATURES ARE REQUIRED, if any are missing, no matter the circumstances, it will be considered a medications violation.)

Amount Administered: _____ Date of Administration: _____ Time of Administration: _____ ☐ am or ☐ pm (please check one)

Route of Administration (Please check one): ☐ Intravenous ☐ Intramuscular

D. SIGNATURES

ALL SIGNATURES ARE REQUIRED FOR THE IDENTIFICATION OF THERAPEUTIC MEDICATION AND/OR ROMIFIDINE DECLARATION

Person Administering the Medication(s)

Print Name: _____ *Signature:* _____ *Phone Number:* _____

Veterinarian Prescribing Medication(s) (*If different than person administering - if same please denote.*)

Print Name: _____ *Signature:* _____ *Phone Number:* _____

Rider (Exhibitor) Verification (*If different than person administering - if same please denote.*)

Print Name: _____ *Signature:* _____ *Phone Number:* _____

Owner Verification (*If different than person administering - if same please denote.*)

Print Name: _____ *Signature:* _____ *Phone Number:* _____

E. DESIGNATED SHOW OFFICE REPRESENTATIVE (*Do NOT accept this form if incomplete.*)

Date Received: _____ Time Received: _____ ☐ am or ☐ pm (please check one)

Name of Show/Event: _____ Date(s) Held: _____

City, State, Country: _____

Name and Signature of Designated Show Office Representative

Print: _____ Sign: _____