

MEDICATIONS REPORT FORM



Revised 10.31.2023

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 <u>DO NOT</u> 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:									
		Sex:	Color:	Breed	d:		Weight:	Entry Nu	mber:	
	Trainer's Na					s Name:				
B.	IDENTIFICATION OF THERAPEUTIC MEDICATION (MUST BE COMPLETED IF SECTION 8 APPLIES) Product Name:									
	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								Subcutaneous	
	Date of Adr	ninistration:		Time of Last A	Administrat	ion:	am or p	m (please check one)	
	Diagnosis and Reason for Administering (This must be for a therapeutic purpose.):									
C.	Amount Administered: Date of Administration: Time of Administration: am or pm (please check									
	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	-	(i)	Signa	ature:			Phone Nu	ımber:	
	Veterinarian Prescribing Medication(s) (If different than person administering - if same please denote.) Print Name: Signature:							Phone Nu	Phone Number:	
	Rider (Exhibitor) Verification (If different than person administering - if same please denote.) Print Name: Signature:							Phone Nu	Phone Number:	
	Owner Verification (If different than person administering - if same please denote.) Print Name: Signature:							Phone Nu	Phone Number:	
E.	DESIGNATED SHOW OFFICE REPRESENTATIVE (Do <u>NOT</u> accept this form if incomplete.)									
	Date Received: Time Received: Name of Show/Event: City, State, Country:				am or pm (please check one) Date(s) Held:					
		Signature of Des	signated Show C	Office Representativ						
	Print:				Sign:					