

NRHA

2026 MEDICATION REPORT FORM

While we are happy to make a printable PDF available, if you choose the [electronic medications form](#) submission is faster, simpler and safer.

Submit completed form PRIOR to competing: medications@nrha.com

IMPORTANT: The exhibitor is the responsible party under NRHA rules. Submission of this form does NOT guarantee compliance. Form must be complete.

1. HORSE IDENTIFICATION

Horse License Name: _____ NRHA Competition License #: _____

Age: _____ Sex: _____ Color: _____ Breed: _____

2. EXHIBITOR & OWNER INFORMATION

Exhibitor (Responsible Party): _____ NRHA Membership ID: _____

Phone: _____ Email: _____

Owner: _____ NRHA Membership ID: _____

Phone: _____ Email: _____

3. MEDICATION INFORMATION (Conditionally Permitted Medications, Only)

Product Name: _____ Active Ingredient: _____

Dosage: _____ Strength: _____ Administration Route (circle): IV IM Oral IA Other: _____

Date Given: _____ Time: _____ AM / PM

4. DIAGNOSIS & THERAPEUTIC PURPOSE (existing illness or injury required):

5. REQUIRED SIGNATURES (All required. If same, write "Same as Above."):

Person Administering – Print: _____ Sign: _____ Phone: _____

Prescribing Veterinarian – Print: _____ Sign: _____ Phone: _____

Owner Verification – Print: _____ Sign: _____ Date: _____

Exhibitor Verification: I certify this form is complete and accurate and understand I am responsible for compliance with NRHA Medication Policy and Rules.

Print: _____ Sign: _____ Date: _____