ABRA
AMERICAN
BUCKSKIN
REGISTRY
ASSOCIATION, INC.

Medication Report Form

IDENTIFICATION OF HORSE *(Please print clearly)*

Horse Name		
Horse ABRA ID #	**Horse Entry #**	
Horse Age	**Horse Sex**	**Horse Color**
Trainer's Name		
Owner's Name	**Owner's ABRA ID #**	
Owner's Signature: *By submitting this form to Show Management, I am responsible for seeing that conditions prevail for full compliance with all ABRA Drug and Medication rules outlined in the Rule Book.*		

IDENTIFICATION OF MEDICATION *(Please print clearly)*

Product Name					
Amount Administered			**Strength**		
Route of Administration	❑ **Oral**	❑ **Topical**	❑ **IV**	❑ **IM**	❑ **Subcutaneous**
Date of Administration					
Time of Last Administration			❑ **AM**	❑ **PM**	
Diagnosis & Reason for Administration *(this must be for therapeutic purposes only)*					
Name of AAEP Veterinarian prescribing/administering the medication					
Name and Signature of the person administering the medication.					
Print			**Signature**		

Show Management Instructions. Accept this form only after ALL blanks above have been completed. Incomplete forms must be returned immediately to the owner/trainer for completion. *If Lidocaine/Meplvcaine is administered within 24 hours of showing, it must be done under actual observation of Show Management (or designated representative) and/or the official Show Veterinarian.*

Date Received	**Time Received**	❑ **AM**	❑ **PM**
Name of Event **ABRA World Show – Tulsa, OK**			
Name & Signature of Show Management *Show Management's signature only acknowledges the time and date this form was turned in at the show office and does not excuse any non-compliance to the ABRA Drug and Medication rules outlined in the Rule Book.*			
Print	**Signature**		