

## **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 #			
<b>Owner's Signature:</b> 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 (P	lease print clearly)					
Product Name						
Amount Administered	mount Administered Strength		h			
Route of Administration	Oral	al	□ IV	п ім	☐ Subcutaneous	
Date of Administration						
Time of Last Administration						
Diagnosis & Reason for Administra	<b>tion</b> (this must be fo	or thera	oeutic pur	poses only)		
Name of AAEP Veterinarian prescribing/administering the medication						
Name and Signature of the person administering the medication.						
Print	Signature					
•	etion. <i>If Lidocaine/Me</i>	plvcaine	is administ	ered within 24	ompleted. Incomplete forms must be returned 4 hours of showing, it must be done under actua ian.	
Date Received Time Received		Received		□ AM □ PM		
Name of Event ABRA World Show – Tulsa, OK						
					owledges the time and date this form was and Medication rules outlined in the Rule	
Print	Signature					