



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: <i>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.</i>			

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 <i>(this must be for therapeutic purposes only)</i>					
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 <i>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.</i>			
Print		Signature	