

## EMERGENCY MEDICATION REPORT

NAME OF HORSE: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Entry Number: \_\_\_\_\_

Diagnosis of illness/injury: \_\_\_\_\_

Reason for administration: \_\_\_\_\_

Name of MEDICATION administered: \_\_\_\_\_

Amount administered: \_\_\_\_\_ Concentration/Strength: \_\_\_\_\_

Mode of administration (circle one):      Injected      Oral      Topical

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of administering veterinarian: \_\_\_\_\_  
(Please Print)

Signature of administering veterinarian: \_\_\_\_\_

OWNER: \_\_\_\_\_ RIDER: \_\_\_\_\_

NAME OF SHOW/LOCATION: \_\_\_\_\_

REPORT RECEIVED BY: \_\_\_\_\_ (SHOW MANAGEMENT)

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**This report must be filed with Show Management prior to showing this horse. Any medication administered under NCHA Emergency Medication Rules must be administered in the presence of Event Management or a designated NCHA Representative.**

**Filing of an emergency medication report form does not automatically excuse the horse from the consequences associated with a failed drug test. Please consult NCHA Standing Rule 35A.4 for complete Emergency Medication requirements. Additionally, all emergency reports filed under this rule will be reviewed by the Medication Review Committee and all veterinarians submitting such reports are subject to inquiry by the Medication Review Committee.**