

NATIONAL EQUINE THERAPEUTIC USE EXEMPTION APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN FULL IN CAPS

THIS FORM MUST BE COMPLETED AND RECEIVED BY THE BEF WITHIN 10 WORKING DAYS
OF AN EQUINE ANTI-DOPING AND CONTROLLED MEDICATION TEST AT WHICH A
MEDICATION FORM WAS SUBMITTED TO THE TESTING VETERINARIAN

YOU SHOULD KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS

SECTION 1a RIDER / DRIVER / VAULTER INFORMATION

FULL NAME:

ADDRESS:

.....

.....

TELEPHONE:

MOBILE:

EMAIL:

DISCIPLINE: DRESSAGE DRIVING ENDURANCE EVENTING JUMPING
(please circle)

PARA-EQUESTRIAN DRESSAGE PARA-EQUESTRIAN DRIVING REINING VAULTING

MEMBERSHIP NUMBER:

SECTION 1b PARENT / LEGAL GUARDIAN INFORMATION IF RIDER, DRIVER OR VAULTER IS UNDER 18

FULL NAME:

ADDRESS:

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TELEPHONE:

MOBILE:

EMAIL:

SECTION 2 HORSE INFORMATION

NAME OF HORSE:

UELN / PASSPORT NO:

OWNER OF HORSE:

NAME OF COMPETITION AT WHICH HORSE WAS TESTED:

.....

DATE OF COMPETITION AT WHICH HORSE WAS TESTED:

(If the competition was over a period of days, please state the exact date on which the horse was tested)

SECTION 3 CONTROLLED MEDICATION DETAILS

Product Name including Active Ingredient	Dose	Route	Date and Time of Administration
1.			
2.			
3.			

DURATION OF TREATMENT:

SECTION 4 CLINICAL INFORMATION

This is your opportunity to add further detail to the information provided on the medication form

CLINICAL JUSTIFICATION FOR THE USE OF THE CONTROLLED MEDICATION SUBSTANCE:

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SECTION 5 TREATING VETERINARY'S DECLARATION

I certify that the above-mentioned treatment was clinically appropriate and that the use of alternative medication not on the Equine Prohibited Substances List was unsatisfactory for this condition.

FULL NAME:

ADDRESS:

.....

.....

.....

TELEPHONE:

FAX:

EMAIL:

SIGNATURE:

DATE:

SECTION 6 RIDER / DRIVER / VAULTER DECLARATION

I,....., certify that the information contained in this application is accurate and that I am requesting approval for use of a substance from the Equine Prohibited Substances List. I authorise the release of clinical information to the BEF as well as to the BEF Technical Committee and confirm that, if I am not the Owner of the Horse, that I have the authority to give this authorisation.

I understand that my information will only be used for evaluating my NETUE request and in the context of possible Controlled Medication Violation investigation and procedures.

RIDER / DRIVER / VAULTER SIGNATURE:

DATE:

PARENT / GUARDIAN SIGNATURE:

DATE:

(If the rider/driver/vaulter is under 18 a parent or legal guardian must sign together with the rider/driver/vaulter)

IMPORTANT NOTE

Evidence confirming the diagnosis should be attached and forwarded with this application. The clinical evidence should include a comprehensive clinical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstance and in the case of non-demonstrable conditions independent supporting clinical opinion will assist this application.

INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RE-SUBMITTED WITHIN THE 10 WORKING DAY TIME LIMIT