

BEFAR MEDICATION FORM

PLEASE COMPLETE ALL SECTIONS IN FULL IN CAPS

Two copies of this form must be supplied to the Testing Vet, at the time of Equine Anti-Doping and Controlled Medication testing if you intend to apply for a National Equine Therapeutic Use Exemption ("NETUE") for the clinical use of a Controlled Medication Substance. The Testing Vet will return one copy duly completed to you for your records.

**AN APPLICATION FOR AN NETUE MUST BE MADE WITHIN 10 WORKING DAYS OF THE TEST:
APPLICATIONS MADE AFTER 10 WORKING DAYS CANNOT BE PROCESSED**

SECTION 1a FOR COMPLETION BY THE RIDER, DRIVER OR VAULTER

NAME:

ADDRESS:

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.....

.....

DISCIPLINE: **DRESSAGE DRIVING ENDURANCE EVENTING JUMPING**
(please circle)

PARA-EQUESTRIAN PARA-EQUESTRIAN REINING VAULTING
DRESSAGE DRIVING

SIGNATURE:

MEMBERSHIP NUMBER:

SECTION 1b FOR COMPLETION BY THE PARENT OR LEGAL GUARDIAN IF THE RIDER, DRIVER OR VAULTER IS UNDER 18

NAME:

ADDRESS:

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.....

.....

SIGNATURE:

SECTION 2 FOR COMPLETION BY TREATING VETERINARIAN

NAME OF HORSE:

UELN / PASSPORT NO:

DATE OF COMPLETION OF FORM:

SYMPTOMS OR CONDITION REQUIRING MEDICATION:

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MEDICATION ADMINISTERED (including dosage and active ingredient):

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ROUTE OF ADMINISTRATION:

DATE AND TIME OF ADMINISTRATION:

PLACE OF ADMINISTRATION:

NAME OF TREATING VETERINARIAN:

SIGNATURE OF TREATING VETERINARIAN:

SECTION 3 FOR COMPLETION BY THE TESTING VETERINARIAN

NAME OF EVENT / COMPETITION:

DATE OF EVENT / COMPETITION:

TIME OF TEST:

SAMPLES COLLECTED **Urine** **Blood**
(please circle)

NAME OF TESTING VETERINARIAN:

SIGNATURE OF TESTING VETERINARIAN: