

VETERINARY FORM 1

AUTHORISATION FOR EMERGENCY TREATMENT

A copy of this form must be supplied to the Person Responsible and Ground Jury. A copy must also be retained by the FEI Veterinary Delegate/ Commission and send to the FEI Headquarters immediately after the Event.

Discipline (please tick as appropriate):

Jumping Dressage Eventing Driving Vaulting Endurance Reining Para-Equestrian

During the Event (write name of the Event): _____

For Completion by Treating Veterinarian (complete in capital letters)

Horse's name: _____ Horse FEI ID number (or Passport): _____ Stable Number: _____

Person Responsible: _____ Competition number: _____ Country/ NF: _____

Symptoms or condition requiring emergency medication:

SUBSTANCE (ACTIVE INGREDIENT)	PRODUCT TRADE NAME	DOSAGE	ROUTE (IM, IV ETC)	DATE	TIME

Treating Veterinarian Signature

Name: _____ Signature: _____

FEI ID: _____ Date: _____

For Completion by the Veterinary Delegate/ Commission

In accordance with the Veterinary Regulations and after examining the above named Horse, I hereby authorise the treatment and consider that, to the best of my knowledge, the Horse is:

Fit Or Not Fit to compete (VD to tick as appropriate)

Name: _____ Signature: _____

FEI ID: _____ Date and time of authorisation: _____

For Completion by the President of the Ground Jury

In accordance with the General/ Veterinary Regulations and on the recommendation of the Veterinary Delegate/ Commission, the above named Horse, having received emergency veterinary treatment as indicated above:

MAY participate/ continue to participate MUST be withdrawn

Name of the President of the Ground Jury: _____ Date & time of authorisation: _____

Signature: _____

Number of entries in the _____ Final placing of Horse in this Event: _____