

VETERINARY FORM A

AUTHORISATION FOR EMERGENCY TREATMENT


**FEI
CLEAN SPORT**

A

Veterinary Forms must be sent to the FEI Veterinary Department within **72 hours** of the conclusion of the show by attaching scanned copies to the Veterinary Delegate's Veterinary Report. A copy of the form needs to be provided to the Person Responsible. Illegible forms will not be accepted.

Discipline (please tick as appropriate):

- | | | | |
|-----------------------------------|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Dressage | <input type="checkbox"/> Eventing | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Vaulting | <input type="checkbox"/> Endurance | <input type="checkbox"/> Para-Equestrian | |

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

For Completion by Treating Veterinarian (complete in capital letters)

Horse's name: _____	Horse FEI ID/ Passport number: _____	Stable: Number: _____
Person Responsible: _____	Competition number: _____	Country/NF: _____

Clinical signs or disease requiring emergency medication: _____

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

Treating Veterinarian

FEI ID Number (Where applicable): _____ Veterinarian signature: _____ 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 to compete Not Fit to compete

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- MAY participate/continue to participate MUST be withdrawn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 President of the Ground Jury: _____ Signature: _____