

DISQUALIFICATION FORM FOR HYPERSENSITIVITY OF LEGS
(APPLICATION OF VETERINARY REGULATIONS, ANNEX XI)

Event:.....
Date:
Horse:.....
Passport number:.....
Event number of Horse:
Person Responsible:.....
Person Responsible's NF:

The Ground Jury, through its President or one of its members, hereby disqualifies the Horse from Competition number on / / (dd/mm/year) at (hour), and from every further Competition at the Event. This disqualification is being implemented by the Ground Jury because the clinical findings of the veterinarians who have examined the Horse and signed below are that it is clear and obvious that the Horse is unfit to compete due to signs of hypersensitivity.

The Horse referenced above is/is not (circle one) eligible to be reexamined because there is/is not (circle one) a Competition that the Horse would otherwise be eligible to compete in which is scheduled to take place more than 12 hours from the time of this disqualification. (Indicate time of disqualification and time of next Competition here _____.)

I, _____ (Person Responsible or designee) understand that my Horse has been disqualified for hypersensitivity of legs under Annex XI of the Veterinary Regulations. I have been informed that my Horse is eligible/not eligible (circle one) for re-examination and I have been explained the reasons why and, if my Horse is eligible, the circumstances under which the re-examination will take place. I also understand that if my Horse is eligible, I must make the request for re-examination within 30 minutes of being notified of the disqualification. If my Horse is eligible, I hereby request/do not request (circle one) a re-examination.

I certify that I, the Person Responsible or my designee, has been notified at: _____ (date/time) by the President of the Ground Jury or member of the Ground Jury, that my Horse has been disqualified from the Event for hypersensitivity of legs. I also understand the process as it has been explained to me and I have made the requests indicated above of my own choosing. I also understand that if I have any questions or concerns, the FEI veterinarian and/or the Ground Jury representative is available to answer my questions and concerns. Finally, I have been advised that: (i) there is no appeal against the decision of the Ground Jury to disqualify a Horse for abnormal sensitivity from an Event; and (ii) that since my Horse has been disqualified for hypersensitivity, it will also be sampled under the FEI's Medication Control Programme.

Signature of Person Responsible (or designee), time, place

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Ground Jury President or Member of Ground Jury (on behalf of Ground Jury), Time, place

**Dr.....(Name, date and signature)
(FEI appointed veterinarian who performed the thermography)**

**Dr.....(Name, date and signature)
(FEI appointed veterinarian who performed clinical exam)**

**Dr.....(Name, date and signature)
(FEI appointed veterinarian who performed clinical exam)**

**Dr.....(Name, date and signature)
(FEI Veterinary Delegate or Foreign Veterinary Delegate, if different from the veterinarians who have already signed above.)**

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**Received by Person Responsible or Designee
(date and time of signature)**

cc: Veterinary Commission/Veterinary Delegate, Organising Committee, Foreign Judge