VETERINARY FORM 2

AUTHORISATION FOR THE USE OF ALTRENOGEST, CYCLOSPORINE IMPLANTS OR CYCLOSPORINE OPHTHALMIC PREPARATIONS FOR HORSES COMPETING AT FEI EVENTS

The PR must supply this form to the FEI Veterinary Delegate/Commission for signing and completion on arrival at the Event. A copy of the form must be sent by the Veterinary Delegate to the FEI Veterinary Department immediately after the Event (vetdocs@fei.org).

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 Person Responsible (complete in capital letters)

Horse’s name: ____________________________ Horse FEI ID number (Passport): __________ Stable: _____
Person Responsible: ________________________ Competition number: _______________ Country/ NF: ______

I declare that the above horse is competing:

☐ whilst receiving altrenogest and I understand that the administration of altrenogest to geldings or stallions is an offence under the EADCMRs

Reason for treatment: __________________________________________________________________________

☐ whilst being treated with cyclosporine  ☐ Left eye  ☐ Right eye

Treatment type: ☐ Implant(s)  ☐ Eye drops/ointment

Reason for treatment: __________________________________________________________________________

Date of implant insertion: _______________________________________________________________________

Name and location of veterinarian: __________________________________________________________________

Product name, amount and frequency of eye drops/ointment: __________________________________________
___________________________________________________________________________________________

Person Responsible

Signature of Person Responsible: ____________________________ Date: ______

Authorisation of Veterinary Delegate / Commission

FEI ID Number: ___________ Signature of Veterinary Delegate: _______________ Date: ______

Horses may be subject to testing for the presence of altrenogest and/or cyclosporine and other Prohibited Substances/methods under the EADCMRs