**VETERINARY FORM B**

**AUTHORISATION FOR THE USE OF MEDICATION NOT LISTED AS PROHIBITED IN ACCORDANCE WITH VETERINARY REGULATIONS ARTICLES 1056 AND 1062**

This form must be completed and retained by the Veterinary Commission/Delegate for any non-oral administration of medication to a Horse at an FEI Event in accordance with VRs Articles 1056 and 1062. Veterinary Forms must be sent to the FEI Veterinary Department within 72 hours of the conclusion of the show. They must be scanned and emailed to vetdocs@fei.org and it is not necessary to send the originals by post. A copy needs to be provided to the Person Responsible.

**Discipline (please tick as appropriate):**

- [ ] Jumping
- [ ] Dressage
- [ ] Eventing
- [ ] Driving
- [ ] Vaulting
- [ ] Endurance
- [ ] Reining
- [ ] Para-Equestrian

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

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I ____________________________ (FEI PTV name) declare that I will use the following medications for:

<table>
<thead>
<tr>
<th>Horse’s name:</th>
<th>Horse FEI ID/Passport number:</th>
<th>Stable: Number:</th>
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<tbody>
<tr>
<td>Person Responsible:</td>
<td>Competition number:</td>
<td>Country/NF:</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>SUBSTANCE (ACTIVE INGREDIENT)</th>
<th>PRODUCT TRADE NAME</th>
<th>REASON FOR ADMINISTRATION</th>
<th>DOSAGE</th>
<th>ROUTE (IM, IV ETC)</th>
<th>DATE &amp; TIME</th>
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**Competition Status (please tick as appropriate):**

- [ ] Pre-competition
- [ ] Competing
- [ ] Withdrawn
- [ ] Post-competition

**Indication for Re-hydration (please tick as appropriate):**

- [ ] After travel
- [ ] After Cross-Country/Marathon
- [ ] Other (specify): _______________________

**Permitted Treating Veterinarian**

FEI ID Number: _______________ PTV Signature: _______________ Date: _______________

**Authorisation of Veterinary Delegate/Commission**

FEI ID Number: _______________ VD Signature: _______________ Date: _______________

The FEI Veterinary Delegate/Commission signing this form is doing so exclusively in his/her capacity as witness to the execution of this form by the relevant parties in order to certify the process. Under no circumstances should such a signature be construed by any person, entity, or body as veterinary advice or legal authorisation to sue the medication listed above. Veterinary advice regarding the propriety, usefulness, or legality under national law of any medication can only be given by the treating veterinarian. The FEI Veterinary Delegate/Commission, in signing this form, therefore expressly disclaim any responsibility for the administration of the medication and for any legal or other consequences whatsoever if such administration conflicts with the local law of the jurisdiction in which it is administered. Such legal responsibility resides at all times with the treating veterinarian.