MCP Form 1

DECLARATION OF VETERINARY TREATMENT

During a period of 14 days prior to an event all medication containing a prohibited substance must be administered by a Registered Veterinarian only and must be declared on this form fully completed. The Veterinarian administering the medication must complete part 1 of this declaration. In addition the Person Responsible (rider) must sign Part 2

PART 1 - TO BE COMPLETED AND SIGNED BY THE TREATING VETERINARIAN ADMINISTERING THE MEDICATION

Event:…… Date:……..

Horse's Name:…… Passport No:……

Person Responsible:…….. Regional Body:……..

Competition Name:…… Stable No:…….....

Symptoms or condition requiring medication:……..

…….

…….

Medication (including dosage):…….....

Active ingredient (see label):…….....

Route of administration: topical ? oral ? subcutaneous ?

intramuscular ? intravenous ? rectal ?

Date and time of administration:……

Name of Treating Veterinarian:…….. Signature:…….....

PART 2 – TO BE COMPLETED BY THE PERSON RESPONSIBLE (RIDER)

I certify that to the best of my knowledge and belief, no medication of any sort has been administered to the horse during the 14 days prior to the first day of the event, other than that stated above.

Name of Person Responsible..... Signature.....

Part 3 – TO BE COMPLETED BY THE VETERINARY DELEGATE

I have examined the above declarations of both the Treating Veterinarian and the Person Responsible and consider, that, to the best of my knowledge and belief, the horse is:

FIT ? UNFIT ? for participation/continued participation at this event.

Accordingly the horse is competing ? withdrawn ?

Date and time.....:……

Name of Veterinary Delegate.....:……Signature:…….....

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Name of President of Ground Jury..... Signature.....

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