



# NRCHA Medication Report Form

## A. IDENTIFICATION OF HORSE (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

1. Name and Number:		
2. Age:	3. Sex:	4. Color:
5. Weight:	6. Entry Number:	
7. Trainer's Name:		ID #:
8. Owner's Name:		ID #:

## B. IDENTIFICATION OF MEDICATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

9. Product Name:		
10. Amount Administered:		Strength:
11. Route of Administration:	<input type="checkbox"/> Oral <input type="checkbox"/> Topical	<input type="checkbox"/> Injectable <input type="checkbox"/> Intravenous <input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous
12. Date of Administration:		<input type="checkbox"/> AM <input type="checkbox"/> PM
13. Time of Last Administration:		
14. Diagnosis and Reason for Administration ( <i>this must be for a therapeutic purpose only</i> ):		
15. Name of AAEP veterinarian prescribing/administering the medication:		
16. Name and signature of person administering the medication: Print: Sign:		

## C. INSTRUCTIONS TO SHOW MANAGEMENT (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

***You should accept this form only after all blanks above have been completed. Incomplete forms must be returned immediately to the owner/trainer for completion. If Lidocaine/Mepivacaine is administered within 24 hours of showing, it must be done under actual observation of show management (or designated representative) and/or the official show veterinarian.***

If all blanks above are completed, please indicate the following:

Date Received:	Time Received:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Name of Show/Event:			
City and State:			
Name and signature of NRCHA Show Management: Print: Sign:			
Please write any comments you may have, as well as the name of a witness, as designated by show management, if Lidocaine/Mepivacaine was administered:			