Medication Report

Certain therapeutic and non-optional medications, which are otherwise considered Forbidden Substances, are permitted to be administered to a horse shown in an ApHC- approved or sponsored event only if such is therapeutic, necessary, and nonoptional for the diagnosis or treatment of an existing documented illness or injury of the horse.

A medication report is not required for medications described in ApHC Rule 40.F Administration Guidelines of Commonly Utilized Therapeutic Medications.

The medication report must be filed with show management within one hour of administration of the medication or one hour after show management is available, if administration occurs at a time other than during competition hours. If multiple administrations of a substance are conducted, certifications as described above must be provided to the ApHC prior to the end of the show.

----- PLEASE PRINT -----

Identification of	Horse					
Registered Name: _				Reg. #:		
Age:	Sex:	Color:		Entry #:		
Trainer's Name:				ApHC ID #:		
Owner's Name:				ApHC ID #:		
Signature:					Owner 🖵	☐ Trainer
Identification of	Medication					
Medication Name:						
	itten instructions, copy of					
Amount Administered: Product Strength:						
How Administered:	☐ Oral ☐ Topical	☐ Injectable (☐	Intravenous	☐ Intramuscular	☐ Subcutaneous	☐ Inhaled)
Date of Administrat	ate of Administration: Time of Last Administration					□ AM □ PM
Diagnosis of Illness	/Injury and Reason for A	dministration (this m	ust be for thera	apeutic purposes on	ly):	
Name of AAEP Vet	terinarian Prescribing and	l/or Administering M	edication:			
Name of Prescribing	g Veterinary Clinic:					
Phone Number of P	rescribing Veterinarian:					
Name of Person Administering Medication:					_ Owner D Exi	hibitor 🖵 Agen
Signature of Person Administering Medication:					Owner D Exh	ibitor 🖵 Agen
		Anna	loosa Horse Ch	ıb		