

AUTHORISATION FOR EMERGENCY TREATMENT



Veterinary Forms must be sent to the DRASA National Office within 14 days of the conclusion of the event. They must be scanned and emailed info.drasa@gmail.com and it is not necessary to send the originals by post. A copy needs to be provided to the Person Responsible.

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

For Completion by Treating Veterinarian (*complete in capital letters*)

Horse's name: _____ Horse Passport number: _____

Person Responsible: _____ Competition number: _____

Clinical signs or disease requiring emergency medication: _____

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

Treating Veterinarian

ID Number (*Where applicable*): _____ Veterinarian signature: _____ Date: _____