

# VETERINARY FORM A

## AUTHORISATION FOR EMERGENCY TREATMENT

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](mailto: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):

- |                                   |                                    |                                   |  |
|-----------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Jumping  | <input type="checkbox"/> Dressage  | <input type="checkbox"/> Eventing | <input type="checkbox"/> Driving         |
| <input type="checkbox"/> Vaulting | <input type="checkbox"/> Endurance | <input type="checkbox"/> Reining  | <input type="checkbox"/> Para-Equestrian |

During the Event (write name and location of the Event): \_\_\_\_\_

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

Horse's name: _____	Horse FEI ID/ Passport number: _____	Stable: Number: _____
Person Responsible: _____	Competition number: _____	Country/NF: _____

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**

FEI ID Number (Where applicable): \_\_\_\_\_ Veterinarian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Completion by the Veterinary Delegate/Commission**

In accordance with the Veterinary Regulations and after examining the above named Horse, I hereby authorise the treatment and consider that, to the best of my knowledge, the Horse is:

- Fit to compete       Not Fit to compete

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 FEI ID: \_\_\_\_\_ Date and time of authorization: \_\_\_\_\_

**For Completion by the President of the Ground Jury**

In accordance with the General/Veterinary Regulations and on the recommendation of the Veterinary Delegate/Commission, the above named Horse, having received emergency veterinary treatment as indicated above:

- MAY participate/continue to participate       MUST be withdrawn

Name of President of the Ground Jury: \_\_\_\_\_ Signature: \_\_\_\_\_