

THE REFERENCE TERM "HORSE" INCLUDES: HORSE, PONY

INSTRUCTIONS TO THE COMPETITOR AND TREATING VETERINARIAN

1. The purpose of this form is to document a horse entered in a competition that requires the administration of a prohibited medication for therapeutic purposes due to an acute illness or injury. Continuing to compete with the horse must not be detrimental to the overall welfare of the horse nor accelerate a disease process.
2. This form is not to be completed if a horse has been administered a prohibited substance for purposes other than therapeutic treatment of acute illness or injury, including for procedures such as shipping, clipping, shoeing, etc. or for elective procedures such as dentistry.
3. The horse **MUST BE WITHDRAWN FROM COMPETITION FOR NOT LESS THAN 24 HOURS** after the time of the last administration of a prohibited substance, except as outlined in the case of dexamethasone below.
4. By exception to the time listed in point 3 above, and EC General Regulations, Section A, Chapter 10 Article 1005.3 (b), a horse that has been treated with a single dose of **dexamethasone, up to a maximum of 10mg**, by a licensed veterinarian for an acute allergic reaction such as hives/urticaria must be withdrawn from competition for a minimum of 12 hours following administration. An emergency medication report form must be completed and given to the steward. **Permitted ONCE per competition. Subsequent administration of dexamethasone requires 24 hour withdrawal.**
5. **All medication(s) declared in the Emergency Equine Medication Report Form must be administered by a licensed veterinarian.**
6. An Emergency Equine Medication Report Form must be properly completed and the diagnosis and reason for administration must be fully explained on the form.
7. The form must be filled in completely before it is submitted to the EC Steward/Technical Delegate. The treating veterinarian may also elect to complete the veterinary emergency declaration online by completing the Emergency Equine Medication Veterinary Declaration found at: https://licence.equestrian.ca/vet_declaration/index
8. Regardless of whether an Emergency Equine Medication Veterinary Declaration is completed online by the treating veterinarian, **THE FULLY COMPLETED EMERGENCY EQUINE MEDICATION REPORT FORM must be submitted to the Steward/Technical Delegate as follows :**
 - a. WITHIN ONE HOUR of the administration of the medication(s);
 - b. WITHIN ONE HOUR of the Steward/Technical Delegate returning to duty (if the administration is at a time other than during competition hours); or
 - c. WITHIN ONE HOUR of arrival on the grounds (if the administration is at a time before arrival).
9. In any instance, if more than one non-steroidal anti-inflammatory drug is found in any sample, penalties as set out in Equestrian Canada General Regulations – Chapter 10, will be applied accordingly.
10. **The filing of this Emergency Equine Medication Report Form is NOT A DEFENSE to a violation of the Equine Medication Control Rules.** If the Official Laboratory issues a certificate of positive analysis for a sample collected from a horse treated as indicated on this form and shows the presence of a prohibited substance, the Equine Medication Control Committee must investigate the matter to determine whether all of the requirements of the EC Rules have been met. The information contained in this Emergency Equine Medication Report Form and any other relevant evidence will be considered in determining whether there has been a violation.

PERSON(S) RESPONSIBLE (SECTION A - GENERAL REGULATIONS, GLOSSARY)

The Person(s) Responsible (PR) for a horse must be an adult who has, or shares responsibility for the care, training, custody, and performance of the horse and who has official responsibility for that horse under EC Rules. The PR is liable under the penalty provisions of the applicable EC Rules for any rule violations.

Every entry form for an EC sanctioned competition must identify the PR and be signed by the PR.

The Person(s) Responsible is ultimately responsible for the condition, fitness and management of the horse and is alone responsible for any act performed by himself/herself or by any other person with authorized access to the horse in the stables, elsewhere on the grounds, or while the horse is being ridden, driven or exercised.

A: For adult entries into EC sanctioned competitions the PR shall be either the trainer, the owner of the horse or the competitor who rides or drives the horse during the EC sanctioned competition.

B: For Junior entries into EC sanctioned competitions the Junior competitor cannot be the PR. For Junior entries the PR may be either the trainer, the owner of the horse, or a parent/guardian of the Junior competitor.

Has the treating veterinarian completed the online Emergency Equine Veterinary Declaration? Yes No

| | | |
|---|-----------------|--|
| Horse Name: <small>REQUIRED</small> | | Horse <input type="checkbox"/> Pony <input type="checkbox"/> |
| Age: | Sex: | Weight: |
| Colour & Markings: | | |
| Entry #: <small>REQUIRED</small> | EC Recording #: | Microchip #: |
| Person Responsible: <small>REQUIRED</small> | | EC Sport Licence (USEF) #: |
| Owner's Name: | | EC Sport Licence (USEF) #: |

IDENTIFICATION OF MEDICATION(S) (PRINT CLEARLY)

| | Drug #1 | Drug #2 | Drug #3 |
|--|---------|---------|---------|
| Generic Name | | | |
| Amount Administered & Concentration | | | |
| Route of Administration | | | |
| Date(s) of all Administrations | | | |
| Date/Time of Final Administration | | | |
| Diagnosis and Reason for Administration | | | |

NAME AND CONTACT OF VETERINARIAN ADMINISTERING MEDICATION

| | |
|---|---|
| Name: (print clearly) <small>REQUIRED</small> | Signature: <small>REQUIRED</small> <small>(Signature not required if online Veterinary Declaration completed by treating veterinarian)</small> |
| Telephone Number: <small>REQUIRED</small> | Email: |

THIS FORM MUST BE GIVEN TO THE STEWARD OR TECHNICAL DELEGATE AND THE FOLLOWING COMPLETED IN FULL

TO BE COMPLETED BY THE STEWARD/TECHNICAL DELEGATE

| | | | |
|---|--|---|--|
| Date Form Received: <small>REQUIRED</small> | Time Received: <small>REQUIRED</small> | <input type="checkbox"/> AM <input type="checkbox"/> PM | Competition #: <small>REQUIRED</small> |
| Name of Competition: | | | |
| Date(s) of Competition: | | | City and Province: |

STEWARDS/TECHNICAL DELEGATE COMMENTS: REQUIRED DATE & TIME ELEGIBLE TO COMPETE: _____

EMERGENCY TREATMENT REQUIRES A HORSE TO BE WITHDRAWN FROM COMPETITION AS PER EC RULES (1005.3.b)

| | | |
|---|---|--|
| <input type="checkbox"/> Horse did not compete for 12 hours <small>(Applicable to 10mg of Dexamethasone ONLY maximum ONCE per competition)</small> | <input type="checkbox"/> Horse did not compete for 24 hours | <input type="checkbox"/> Horse withdrew from competition |
|---|---|--|

NAME & SIGNATURE OF EC STEWARD/TECHNICAL DELEGATE

| | |
|---|------------------------------------|
| Name: (print clearly) <small>REQUIRED</small> | Signature: <small>REQUIRED</small> |
| EC Number: <small>REQUIRED</small> | |

Please fax or email the completed form to Equestrian Canada as soon as it is received:
fax (1-888)-713-3315 **email: equinemeds@equestrian.ca**
EQUESTRIAN CANADA, 11 HINES RD., SUITE 201, OTTAWA, ON K2K 2X1

ENSURE THIS FORM IS COMPLETELY AND ACCURATELY FILLED OUT. AN INCOMPLETE FORM IS INVALID