

Medication Report



American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161-0023
(817) 834-APHA (2742) ext. 773 • Fax: (817) 222-8489
apha.com • askapha@apha.com

If there is any doubt, a Medication Report should be filed.

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. Horses given conditionally permitted substances under rule SC-085 must be withdrawn and kept out of competition for at least 24 hours after the medication is administered.

Identification of Horse

Registered Name: _____ Reg. # _____
Age: _____ Sex: _____ Color: _____ Type: _____ Entry # _____
Trainer's Name: _____ APHA ID#: _____
Owner's Name: _____ APHA ID#: _____
Signature: _____ Owner Trainer

Identification of Medication

Product Name: _____
(If prescribed by written instructions, copy of prescription must be attached)
Amount Administered: _____ Strength: _____
Mode of Administration: Oral Topical Injectable (Intravenous Intramuscular Subcutaneous)
Date of Administration: _____ Time of Last Administration: _____ AM PM
Diagnosis of Illness/Injury and Reason for Administration (this must be for therapeutic purposes only): _____

Name of AAEP Veterinarian Prescribing and/or Administering Medication: _____
Name of Person Administering Medication: (Please Print) _____
Signature of Person Administering Medication: _____

To be Completed by Show Management

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 event management (or designated representative) and/or official show veterinarian, and under conditions of Rule SC-085.

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

Date Received: _____ Time Received: _____ AM PM
Name of Show/Event: _____
City: _____ State: _____
Name of Show Management: (Please Print Name) _____
Signature of Show Management: _____

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:

Please forward a copy of this report to the APHA office with show results. White-APHA • Yellow-Show Management • Pink-Owner/Trainer