

# Medication Report



## American Paint Horse Association

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 Horses given conditionally permitted substances under rule SC-085 must be withdrawn and kept out of competition for at least 24 hours after the medication is administered.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