

## **Emergency Medication Report**

120, 251 Midpark Blvd SE, Calgary, AB T2X 1S3
Phone: 403.253.4411 ext. 4 • Toll Free: 1.877.463.6233
Fax: 403.252.5260 • competitions@albertaequestrian.com
albertaequestrian.com

### **INSTRUCTIONS**

- 1. This form is to document a horse entered in a Wild Rose competition that requires the administration of a prohibited medication for therapeutic purposes due to an acute illness or injury. Horses must not continue to compete if by doing so would be detrimental to the overall welfare of the horse or accelerate a disease process.
- 2. This form is only for horses administered a prohibited substance for therapeutic treatment of acute illness or injury, this excludes for procedures such as shipping, clipping, shoeing, dentistry, etc.
- 3. THE HORSE MUST BE WITHRAWN FROM COMPETITION FOR MINIMUM 24 HOURS after the last administration of a prohibited substance.
- 4. With exception to point 3, 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dose of dexamethasone, up to a maximum of 10mg, by a licensed veterinarian for an acute allergic reaction must be withdrawn from competition for a minimmum of 12 hours following administration. An emergency equine medication report must still be completed. This is permitted once per competition. subsequent administration of dexmethasone will require 24 hours withdrawal.
- 5. All medications must be administered by a licensed veterinarian.
- 6. Diagnosis and reason for administration must be explained fully on the report.
- 7. Completed reports must be submitted to the Steward/TD.
  - a. Within one (1) hour of the administration of the substance(s);
  - b. Within one(1) hour of the Steward/TD returning to duty, if administration was done outside of competition hours.
  - c. Within one(1) hour of arrival to competition grounds, if administered prior to arrival.
- 8. The filing of this Emergency Equine Medication Report is NOT a defense to a violation of the AEF 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 report and shows the presence of a prohibited substance, the AEF must investigate the matter to determine whether all of the requirements of the Wild Rose Competition Rules have been met. The information contained in this report and any other relevant evidence will be considered in determining whether there has been a violation.

#### Person Responsible

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 AEF Rules. The PR is liable under the penalty provisions of the applicable AEF Rules for any rule violations. Every entry form for an AEF sanctioned competition must identify the PR and be signed by the PR. The person(s) responsible are ultimately responsible for the condition, fitness, and management of the horse and are alone responsible for any act performed by themselves 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. For adult entries into AEF 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 AEF sanctioned competition. For Junior entries into AEF 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.



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1. INDIVIDUAL IDENTIFICATION				
Horse Name:		Horse A	ıge:	
Sex:Colour & Markings:		□Но	orse □Pony try #:	
Person Responsible:		AEF #:_	AEF #:	
Address:				
City:			Code:	
2. SUBSTANCE IDENTIFI	CATION			
	SUBSTANCE #1	SUBSTANCE #2	SUBSTANCE #3	
Generic Name				
Amount Administered & Concentration				
Route of Administration				
Date(s) of all Administrations				
Date/Time of Final Administration				
Diagnosis and Reason for Administration				



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3. VETERINARIAN INFORM	MATION		
Name:	Email:		
Phone:	Signature:		
THIS REPORT MUST	BE GIVEN TO THE STEWARD/TD TO COMPLETE THE FOLLOWING		
5. TO BE COMPLETED BY T	THE STEWARD/TD		
Date Form Received:	Time Received: □AM □PM		
Competition Name:			
	Date of Competition:		
Date & Time Eligble to Compe	rte:		
	ey treatment must be withdrawn from competition as per Wild Rose Rules		
	Time Withdrawn		
	☐ Horse did not compete for 12 hours (applicable to 10mg of dexamethasone, once maximum per competition)		
	☐ Horse did not compete for 24 hours		
	☐ Horse withdrew from competition		
Name of Steward/TD:	AEF #:		
Signature:			

Please email the completed form to Alberta Equestrian Federation as soon as it is completed: competitions@albertaequestrian.com Subject: Emergency Equine Medication Report