**HSI Equine Therapeutic Use Exemption Application Form (ETUE)**

**This application form must be completed by the treating Veterinarian and submitted by fax or email to Horse Sport Ireland before 10am on the last working day prior to the start of the In Competition period.**

**Fax**: 045 850 800 **Email:** etue@horsesportireland.ie

The Following sections are to be completed by the **Treating Veterinarian** using **BLOCK CAPITALS**.

**Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YY)

**Discipline:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Passport No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Horse's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Responsible**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Competition No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Symptoms or Condition requiring medication:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication (including dosage Active ingredient: (See label)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Route of administration** *(Please tick appropriate***)**

Topical: Oral: Intramuscular:

Rectal: Intravenous: Subcutaneous:

**Date and time of Administration**: \_\_\_\_\_\_\_\_\_\_\_\_\_ (*DD/MM/YY*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(00:00hrs***)

Veterinarian

Stamp

Here

**Name of Treating Veterinarian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Following sections are to be completed by the **Horse Sport Ireland**

**Adjudicating Veterinarian**.

*"After review of the above application, I hereby authorize the treatment of the horse for participation at this event.”*

**Date and time of Authorization**: \_\_\_\_\_\_\_\_\_\_\_\_\_ (*DD/MM/YY*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(00:00hrs***)

**Name of Adjudicating Veterinarian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_