



## HORSE SPORT IRELAND

### **Horse Sport Ireland** **Medication and Anti Doping Control Declaration**

#### **Purpose**

This document relates to all substances administered to or used on the relevant horse during the dates specified. It should be submitted to the team veterinarian on the date specified and will be retained confidentially by him and will only be disclosed to other parties in the following circumstances:

- To the Chef d'Equipe/ High Performance Manager or Secretary General of the National Federation if the team veterinarian considers it necessary in order to avoid the athlete competing while potentially in contravention of the FEI Anti Doping and Medication Control programme.
- To the Secretary General of the National Federation or his nominee if a sample from the horse is found to be positive at the relevant FEI competition.

***The contents of this Declaration shall not be disclosed under any circumstances other than those specified above.***

#### **Part A**

Should contain all substances that are permitted in competition or which you consider to be fully permissible during competition. This form must contain all such substances including but not limited to feed, feed supplements, topical creams and ointments, joint supplements, tonics, antibiotics, shampoos, rubs, supplements etc.

#### **Part B**

Relates to substances which the person responsible believes to be controlled medication as defined by the ***FEI Equine Anti-Doping and Controlled Medication Regulations (2nd edition, effective 1 January 2016)***

All substances used on or administered to the relevant horse must appear in either form A or B.

#### **Declaration**

Once you have completed Part A and B please read and sign the declaration.

#### **Returning the Declaration**

This logbook should be returned directly to by email to **Equivet** email: [equivetireland@gmail.com](mailto:equivetireland@gmail.com) Pony Eventing High Performance Team Veterinarian.

#### **Part A**

This part must contain all substances that have been administered to the horse between the relevant dates which you consider to be fully permissible during competition. This form must contain all such substances including but not limited to feed, feed supplements, topical creams and ointments, joint supplements, tonics, antibiotics, shampoos, rubs, supplements etc.

**HORSE NAME:**

**FEI REG No / or FEI Passport No:**

Name of substance	Purpose of substance	Route of administration	Date administered

**PART B**

This part should be used to record any substances or treatments which you consider to be controlled medication as defined by the ***FEI Equine Anti-Doping and Controlled Medication Regulations (2<sup>nd</sup> edition, effective 1 January 2016)*** which have been administered to or used on your horse during the relevant dates. In this case it is crucial to record the name of the substances, the date and time it was administered and the quantity administered. It is vital that this information is recorded accurately.

HORSE NAME

**FEI REGISTRATION NUMBER:**

Name of treatment	Date and time administered	Dosage	Route of administration

**Declaration**

I hereby confirm that I have completed Part A and Part B fully and that they contain all substances used on or administered to the horse named below between the dates shown below.

**RELEVANT EVENT:**

**HORSE NAME:**

**FEI REG No / or FEI Passport No:**

Start date:

End date:

I undertake to seek permission from the team veterinarian or FEI treating veterinarian if any further treatment is necessary subsequent to the submission of this document. If emergency treatment is required where it is not possible to contact the Team Veterinarian I will inform the Team Veterinarian as soon as is practical after the treatment is administered.

This document is submitted for the sole purpose of allowing the team veterinarian to advise if any substances administered and recorded are likely to result in a positive test under the FEI Medication and Anti Doping Control Rules at the relevant competition.

Notwithstanding the above, I fully understand that ultimate responsibility for ensuring compliance with the FEI Medication and Anti Doping Controls rules rests with me as the Personal Responsible under the FEI rules.

Signed \_\_\_\_\_

Rider:

Date \_\_\_\_\_

**ENDS**