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

**Regumate (Altrenogest) Season-Long Exemption Only**

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

**Email:** etue@horsesportireland.ie

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

**Season:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YY)

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

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

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

**Symptoms or Condition requiring medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Medication:** REGUMATE (ALTRENOGEST) **(Dosage of Active ingredient): (See label)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Topical: Oral: Intramuscular:

Rectal: Intravenous: Subcutaneous:

**Day and time of Administration**: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(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 for the season.”*

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

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

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