**Medication and Anti-Doping Control Declaration (“The Logbook”)**

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| **Purpose**  This document relates to all substances administered to or used on the relevant Equine 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 High Performance Director/Manager/Chef d’Equipe 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.*** |

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| **Part A**  Should contain all substances that are permitted in competition or which you consider to be fully permissible during competition, specifically related to feed and feed supplements, stable management care, grooming products, including but not limited to :  Feed oils, Electrolytes, Gut Nutrition Products, hoof care supplements, Calmers & Anti-Stress Supplements, mobility supplements, multivitamin supplements, Performance supplements, Bone & Muscle Care, Respiratory supplements and topical products using during the course of grooming and stable management, creams and ointments, tonics, shampoos, rubs, grooming sprays, bit butters, arnica gels, disinfectants. The above list is indicative only. | **Part B**  Relates to substances which the person responsible believes to be a **controlled medication** as defined by the [FEI Equine Prohibited Substances List 2020](https://inside.fei.org/sites/default/files/EADCMRs%20-%20effective%201%20January%202020%20-%20Final%20Version%20for%20Website%20-%20Clean.pdf) which should not be present in the Equine’s system during competition. Please list the controlled medication the Equine has received during the specified logbook timeframe. Please note that this information is required to inform the Team Veterinarian of withdrawal and detection times and to act as a risk management measure against any possible violation. It is important that Person’s Responsible ensures that accurate information is provided. PR’s are responsible for all substances present. |

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| All feed, supplements, products, substances given, used on or administered to the relevant squad horse must appear in either part A, or B.  The onus rests with the Person Responsible, that is the person who rides, drives or vaults the horse in competition. All responsibility lies with the PR. It is the duty of all PR’s to consult the [FEI 2020 Equine Prohibited Substances List](https://inside.fei.org/sites/default/files/EADCMRs%20-%20effective%201%20January%202020%20-%20Final%20Version%20for%20Website%20-%20Clean.pdf). Persons Responsible should note Prohibited Substances include any other substance with a similar chemical structure or similar biological effect(s).  **Steps to be taken to complete this Logbook:**   1. Where an athlete has multiple horses competing, a separate declaration is to be completed for each horse. 2. All parts A and B must be completed fully with all necessary information. 3. Athletes must sign the declaration. 4. Return the declaration and log to the appointed squad Team Veterinarian listed below.   **Returning the Declaration:**  This logbook should be returned directly (**in confidence)** to by email to:     * **Marcus Swail, Equi Vet / Team Veterinarian for HP Youth Squads** Email: [marcusswail@gmail.com](mailto:marcusswail@gmail.com) |

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| **Important Note to all Athletes with regard to Part A and Part B of the Logbook**  It is highly recommended that Person’s Responsible review and analyse the product type and the stated ingredients. The PR is required to check all ingredients against the FEI prohibited substances list to ensure the stated ingredients are permissible for in competition. PR’s should proactively seek to use reputable brands on the market who have sound manufacturing processes, contamination controls and traceability systems. Where PR’s elect to administer unknown or bespoke mixes or supplements, the PR is required to provide additional supporting documentation in respect of the ingredients and FEI compliance. Where such information is not forthcoming or unverifiable, the Team Veterinarian will not be in a position to give an opinion on the safety of the product for competition and will inform the HP Director/Manager accordingly. |

**Part A**

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| Should contain all substances that are permitted in competition or which you consider to be fully permissible during competition, specifically related to feed and feed supplements, stable management care, grooming products, including but not limited to :  Feed oils, Electrolytes, Gut Nutrition Products, hoof care supplements, Calmers & Anti-Stress Supplements, mobility supplements, multivitamin supplements, Performance supplements, Bone & Muscle Care, Respiratory supplements and topical products using during the course of grooming and stable management, creams and ointments, tonics, shampoos, rubs, grooming sprays, bit butters, arnica gels, disinfectants. The above list is indicative only. |

***HORSE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEI REG No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| **Name of Product** | **Purpose of Product** | **Route of Administration**  **Oral/Intramuscular** | **Product ingredients (Active or otherwise)** | **Date administered** |
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**Part B**

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| Relates to substances which the person responsible believes to be controlled medication as defined by the [FEI Equine Prohibited Substances List 2020](https://inside.fei.org/sites/default/files/EADCMRs%20-%20effective%201%20January%202020%20-%20Final%20Version%20for%20Website%20-%20Clean.pdf) which should not be present in the Equine’s system during competition. Please list the controlled medication the Equine has received during the specified logbook timeframe. Please note that this information is required to inform the Team Veterinarian of withdrawal and detection times and to act as a risk management measure against any possible violation. It is important that Person’s Responsible ensure accurate information is provided. PR’s are responsible for all substances present. |

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| **Name of Substance including trade name**  **Eg. Betamethasone, Phenylbutazone** | **Purpose of Substance** | **Route of Administration**  **Oral/Intramuscular/Intraarticular** | **Product ingredients (Active or otherwise)** | **Date administered** |
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| **Declaration**  I hereby confirm that I have completed Part A, Part B, Part C fully and that they contain all feed, supplements, products, substances used on or administered to the horse named below between the dates shown below.  ***RELEVENT EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***HORSE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEI REG No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **Name of Treating Veterinarian: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **Logbook start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Logbook end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Athletes please check respective selection policy for the start/end date logbook timeframe.**    I undertake to seek permission from the Team 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 the High Performance Director/ Team Manager/ NF 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 event and/or FEI Championship. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Athlete:**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |