



## 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 supplements, topical creams and ointments, tonics, antibiotics, shampoos, rubs 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\*\*](#)

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 the team Veterinarian at email: [equivetireland@gmail.com](mailto:equivetireland@gmail.com)

Logbook and Declaration to be returned before FEI Final Definite Entries.





**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:**

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

**Logbook start date:**  (6 weeks (42 days) in advance of First Horse Inspection for event where you are participating)

**Logbook end date:**   Please insert Date of First Horse Inspection

**Athletes, please check respective selection policy for the start/end date logbook timeframe, if for Nations Cup, ensure a Logbook return is made 5 days in advance of the trot up( First Horse Inspection).**

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.

In addition, I have read and fully understand the Supplements Guidance as appended to this Logbook. I understand the risk of contamination of supplements with substances included in the list of prohibited and banned substances published by the FEI. I take full responsibility for my decision and accept all liability for the use of any supplements on my horse. **This declaration must be signed by the Athlete, who is the Person Responsible:**

**Signed** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date** \_\_\_\_\_