



Equestrian Australia

EA MCP Post-Sampling Submission Report

This form is to be completed after the sampling of horses under the EA Medication Control Program

EA/FEI MCP STEWARDS – This completed document must be returned to Equestrian Australia – PO Box 673 Sydney Markets NSW 2129

Name of the Event _____ Date of the Event: _____

Event Organiser Name: _____

Event Organiser Billing Address: _____

State: _____ Postcode: _____

EA/FEI Stewards Name _____

Phone number: _____ Mobile: _____

E-mail _____

Veterinarians Name: _____

Phone number: _____ Mobile: _____

E-mail _____

How many horses were sampled: _____

Courier Transit Number(s) _____

Courier Transit Number(s) _____

Courier Transit Number(s) _____

Comments on the conduct of the sampling:

NOTE: All original MCP documentation must be returned to Equestrian Australia. In addition please scan and email to Lynette Chow - Lynette.Chow@equestrian.org.au

Sampled Horse Name	EA/FEI Registration #	Rider Name	Event Class	Urine Sample #	Blood Sample #	Bag No Ingoing Seal No. Outgoing Seal No.	Time Held