

Equestrian Australia

Medication Control Notification Form



The instructions contained in this medication control document apply to all EA/FEI affiliated events

Name of Event/Competition _____

Date _____ Notification Time _____

Class _____ EA _____ FEI _____

Medication Control Selection _____ **Selection Methodology** _____

Ground Jury/Judge Name _____ Signature _____

Horse Name _____

Horse EA/FEI Passport Registration Number _____ **Microchip #** _____

Rider Full Name _____

Riders Legal Parent/Guardian Full Name (if minor): _____ Ph: _____

Rider EA and/or FEI Number _____

****For Endurance and Vaulting events you must also include the details of the Lunger (Vaulting) or Trainer (Endurance) Please circle the relevant title.**

Lunger/Trainer Name _____

Lunger/Trainer EA and/or FEI Number _____

You are instructed to accompany the EA/FEI Medication Control Testing stewards/officials with your horse for Medication Control sampling. It is your obligation, under the rules of FEI Veterinary Regulations and General Regulations, and the EA Equine Anti Doping and Medication Control Rules and By-Laws (EA EADMC) to attend and witness the sampling.

I _____ being the athlete/representative/other of the horse described above hereby acknowledge that I have been advised that a copy of the Medication Control sampling procedures entitled **EA MCP Sampling Procedure – Rider Handout** is available on the Equestrian Australia website. I understand and agree to abide by the conditions contained therein.

Signed: _____

Is the rider a minor? If so, an adult person must be nominated on this form as the person responsible for the horse on the day of swabbing. An adult must also witness the sampling process on behalf of the junior rider (minor).

Nominated Person Responsible on behalf of the junior rider (minor) _____
(This person accepts responsibility for the horse in all respects)

Signature of Nominated Person Responsible _____

Athlete/Representative/Other – Please circle.

I, _____ certify that I witnessed the opening of the kit used for these samples and the process of sample collection and sealing.

Signature _____ Date _____

If 'Other' please specify - _____

Attending Veterinary Surgeon: Name _____ Signature _____

Attending Swab Steward: Name _____ Signature _____