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 Name ____________________________________________________________

Rider 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 junior? If so, an adult person must be nominated on this form as the person responsible for the horse. An adult must also witness the sampling process on behalf of the junior rider.

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

Signature of Nominated Person Responsible ______________________________

Athlete/Representative/Other

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

Signature ______________________________ Date ______________________________

Attending Veterinary Surgeon: ______________________________

Attending Swab Steward: ______________________________

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