



**EQUESTRIAN
CANADA
ÉQUESTRE**

**EQUINE MEDICATION
CONTROL GUIDE**

2022



EC Equine Medication
Control Guide



EC Shockwave
Therapy Form



EC Emergency
Medication Report Form



EC Online
Veterinary Declaration



FEI Clean Sport
for Horses



United States Equestrian
Drugs and Medications



Canadian
Pari-Mutuel Agency

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EQUESTRIAN CANADA GUIDELINES FOR USE OF DRUGS AND MEDICATIONS

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INTRODUCTION

The purpose of this Equine Medication Control Guide is to provide information and practical advice to Equestrian Canada (EC) members, Persons Responsible, trainers, owners and veterinarians about the rules and regulations that pertain to the use of medications for horses competing at all EC sanctioned competitions. This guide is a source of information for accommodating legitimate therapies in compliance with the Equestrian Canada Equine Medication Control Rules, while avoiding inadvertent occurrences of positive drug tests through the inappropriate use of medications.

Please note that the practical advice found in this guide in no way takes precedence over the wording of the Equine Medication Control Rules, which are published in Section A of the EC General Regulations – Chapter 10, and can be found on the EC website. www.equestrian.ca.

Additionally, it is important to note that at all times, the Person(s) Responsible (PR) is responsible for the condition of the horse. As the rules are revised and updated annually, please refer to the published rules on the EC website regularly for the latest changes.

The information in the Guide is considered to be true and correct at the date of printing, changes may occur at any time. If there is a discrepancy between the online and the printed Guide, the online version will be used.

BACKGROUND

Canada has had an active equine medication control program since the mid-1970s. There are two main purposes for the program.

First, the program is meant to protect the health, welfare and safety of the horse and rider. The rules allow for legitimate and humane use of medication to protect the horse's health, while ensuring that the horse does not compete with any serious underlying lameness or illness.

The second purpose is to guarantee fairness of competition through the detection of performance enhancing drugs (doping) and to deter medication abuse(s).

EC has adopted the List of Drugs available from the Canadian Pari-Mutuel Agency (CPMA). However, there are some instances where drugs banned at the racetrack are in fact permitted medications at EC sanctioned competitions (see Permitted Medications List).

The Equine Medication Control Program is reviewed by the EC Equine Medication Control Committee (EMCC). The committee is overseen by the CEO of Equestrian Canada and composed of nine members representing various geographical regions across Canada, and various equestrian disciplines. At least three members of the committee are active practicing equine competition veterinarians. Other members include the FEI National Head Veterinarian for Canada, an FEI Official Veterinarian, a veterinarian with expertise in pharmacology, a representative for the Stewards Committee, and advisors include the CPMA veterinary coordinator, a representative from the EC Official Laboratory and EC legal counsel.

PERMITTED MEDICATIONS

Article A1003 Permitted Medications (EC General Rules Section A)

A permitted medication is one that is allowed to be used in accordance with the EC Equine Medication Control Rules during EC sanctioned competitions.

The following is a list of the specific medications permitted for use during EC sanctioned competitions.

- a. **One** non-steroidal anti-inflammatory drug (NSAID) approved for use in Canada for horses: flunixin meglumine, ketoprofen, phenylbutazone or acetylsalicylic acid, subject to the restrictions on p.6.

NOTE: If more than one NSAID is found in any official sample, the medication control test will be deemed positive.

- b. firocoxib (by exception to 1a)
- c. pergolide;
- d. the anti-ulcer medications: cimetidine, ranitidine, sucralfate or omeprazole.
- e. altrenogest (for mares only)
- f. antimicrobials (antibiotics and antiprotozoals)
Exception: procaine penicillin G
- g. antiparasitic products (dewormers)
Exception: levamisole and tetramisole
- h. hyaluronic acid, chondroitin sulfate, glucosamine, pentosan, and polysulfated glycosaminoglycans (Please note: the above cannot be given by intra-articular injections during competition, please see Article A1015).
- i. cyclosporine
- j. misoprostol
- k. IV rehydration fluids; within the guidelines of the Prohibited Practice on p.5.
- l. Vitamins (please see p. 13)

NOTE: Endurance horses may only compete with the permitted medications listed in sub-paragraphs D through L in section A, Chapter 10 – Article 1003 Permitted Medications.

Endurance horses may not compete with non-steroidal anti-inflammatory drugs (NSAIDs).

PROHIBITED PRACTICES

Article A1003 Permitted Medications
(EC General Rules Section A)

The **administration of any medication or substance by injection** to a horse (including NSAIDs) is not permitted before competition on the day in which the horse competes, other than IV rehydration fluids and antimicrobials (exception: procaine penicillin G is prohibited) administered by a licensed veterinarian more than 6 hours prior to the start time of the class.

By exception, horses competing in a class starting after 6 pm can be treated by injection until 10 am on the day they compete.

Note: The elimination guidelines published for the EC Medication Control program still apply. Both the elimination guidelines and prohibited practices described above must be adhered to.

Guidelines:

Class begins at 8:00am – No injections before competition on the same day.

Class begins at 6:00pm – Last injection must be given before 10:00am on the same day.

PROHIBITED PRACTICE FOR ENDURANCE

Article A1003.4 Permitted Medications
(EC General Rules Section A)

The administration of any medication or substance by injection, including intravenous (IV) and naso-gastric fluids, is not permitted within 12 hours before the start of the endurance ride, or between any phases of the competition. Intravenous (IV) administration may only be performed by a licensed veterinarian.

GUIDELINES FOR PERMITTED USE OF NSAIDS

(Based on a 454kg/1000lb horse)

It is stressed that this information is presented only as a guideline and should not be construed as absolute for every horse. Because of this, following these guidelines will not be considered as a defense for a medication control violation.

PHENYLBUTAZONE:

The maximum permitted plasma or serum concentration of phenylbutazone is 15.0 micrograms per milliliter.

Guidelines: When phenylbutazone is administered, the dose should be accurately calculated according to the actual weight of the animal.

Each 24 hours, not more than 4.4 milligrams per kilogram [2.0 milligrams per pound] of body weight should be administered. For a 454 kg [1,000 pound] animal, the maximum daily dose is 2.0 grams not less than 12 hours before competition and for not more than five consecutive days.

FLUNIXIN MEGLUMINE:

The maximum permitted plasma or serum concentration of flunixin is 1.0 micrograms per milliliter.

Guidelines: When flunixin meglumine (Banamine) is administered, the dose should be accurately calculated according to the actual weight of the animal.

Each 24 hours, not more than 1 milligram per kilogram [0.5 milligrams per pound] of body weight should be administered. For a 454 kg [1,000 pound] horse, the maximum daily dose is 500 milligrams not less than 12 hours before competition and for not more than five consecutive days.

KETOPROFEN:

The maximum permitted plasma or serum concentration of ketoprofen is 0.25 micrograms per milliliter.

Guidelines: When ketoprofen (Anafen) is administered, the dose should be accurately calculated according to the actual weight of the animal.

Each 24 hours, not more than 2 milligrams per kilogram [0.9 milligrams per pound] of body weight should be administered. For a 454 kg [1,000 pound] animal, the maximum daily dose is 900 milligrams not less than 12

hours before competition and for not more than five consecutive days.

FIROCOXIB:

The maximum permissible plasma or serum concentration of firocoxib is 0.24 micrograms per milliliter. A minimum 7 day withdrawal from firocoxib is recommended before the administration of any other permitted NSAID.

Guidelines: When firocoxib tablets are used, no more than 0.1 milligrams per kilogram [0.045 milligrams per pound] of firocoxib should be given per day, corresponding to one 57 mg tablet or one quarter (1/4) of a 257 mg tablet for a 454 kg [1000 lb] horse not less than 12 hours before competition. The medication should not be administered for more than fourteen consecutive days.

Because firocoxib is very slowly eliminated from the horse, special care should be taken to avoid the use of any other NSAID in a horse that has been receiving firocoxib.

EMERGENCY USE OF NSAIDS

In case of a medical emergency requiring the administration of a different NSAID (e.g. flunixin for colic), an Emergency Medication Report Form must be filled out and submitted in accordance with the form's directives.

CAUTION

Because some medications are administered in the feed, competitors should be cautious with feed tubs and water buckets being shared between horses. From both a biosecurity (disease prevention/control) and equine medication control perspective, feed tubs, water bowls and stalls should not be shared without thorough cleaning and disinfection.

PROHIBITED SUBSTANCES

Drug Classification Scheme

(Available on the EC website www.equestrian.ca)

The following categories of drugs are prohibited:

- Any substance that is not specifically permitted as per article A1003.
- All substances not licensed for use in horses in Canada (except as stated in the Permitted Medications rules).
- Any drug listed under the Narcotic Control Act or the Controlled Drugs and Substances Act [CDSA] III.
- Any stimulant, depressant, tranquilizer, local anesthetic, drug or drug metabolite which might affect the performance of a horse, except as stated in the Permitted Medication and Emergency Medication rules.

Prohibited substances are divided into five classes, according to their pharmaceutical effect and the severity of infraction. While banned during EC sanctioned competitions, their therapeutic use between competitions is permitted, provided an appropriate elimination period is observed.

Following is a list of **some of the more common prohibited substances/drugs.**

Note: These are examples and this is not a complete list.

Many of these medications listed are licensed for use in horses. If your horse requires the use of prohibited substances/drugs prior to a competition for medical reasons, ensure you allow adequate elimination time.

Please see section on p. 15 for suggested elimination guidelines for some of the medications below.

Acepromazine	Isoxsuprine
Altrenogest (in males)	Lidocaine
Betamethasone	Meloxicam
Bisphosphonates	Mepivacaine
Boldenone	Medroxyprogesterone (e.g.: Depo Provera)
Butorphanol	Methocarbamol
Carbocaine	Methylprednisolone
Cetirizine	Nandrolone
Clenbuterol	Naproxen
Clodronate	Penicillin G Procaine
Cyproheptadine	Prednisolone
Dembrexine	Procaine
Detomidine	Pyrilamine
Dexamethasone	Reserpine
Diclofenac	Romifidine
Dimethylsulfoxide (DMSO)	Salbutamol /Albuterol
Dipyrrone	Stanazolol
Fluphenazine	Tiludronate
Furosemide	Theophylline
GABA	Triamcinolone
Guaifenesin	Trichlormethiazide
Hydrocortisone	Tripelennamine
Hydroxyzine	Valerenic Acid (Valerian)
Isoflupredone	Xylazine

ROLE OF THE CPMA OFFICIAL LABORATORY

The Canadian Pari-Mutuel Agency (CPMA) provides the expertise and data acquired from drug detection research in horses. EC has access to this information through the current CPMA List of Drugs, which helps everyone involved with competition horses determine an approximate elimination guideline for a horse that receives a medication.

The CPMA operates a quality control program to monitor all aspects of the official laboratory's operation. It inspects facilities, equipment and procedures, including sending test samples every month to monitor the official chemists and the analytical process used by the official laboratory.

All samples that are collected from selected horses at EC sanctioned competitions are sent for analysis by an official chemist at the Equestrian Canada certified laboratory.

Bureau Veritas Laboratories in British Columbia is the only laboratory approved for the analysis of CPMA/EC samples in Canada. It is a forensic toxicology laboratory accredited by the Standards Council of Canada.

On completion of testing and analysis of an official sample, the chemist classifies the sample as negative or positive, depending on the presence or absence of drugs or permitted medications.

PERSONAL TESTING FOR INDIVIDUAL HORSES

Elective testing for a specific substance may be performed on the owner's behalf to ascertain whether said substance is detectable in a horse's blood or urine sample. Please check with your veterinarian for assistance.

EMERGENCY MEDICATION

Article A1005 Emergency Veterinary Treatment
(EC General Regulations Section A)

The purpose of this article on emergency therapeutic veterinary treatment is to allow the Person Responsible to disclose to EC, in advance of competing, that a horse, because of acute illness or injury only, required immediate treatment with a prohibited drug which may not have cleared in time for competition.

Continuing to compete with the horse must not be detrimental to the overall welfare of the horse nor accelerate the disease process. Horses must not compete for 24 hours following treatment. To prevent abuse of emergency therapeutic treatment, equine medication control may be specifically targeted at horses identified in any Emergency Medication Report Form.

The filing of an Emergency Medication Report Form is not an automatic defense to any subsequent certificate of positive analysis and/or an allegation by the Equine Medication Control Committee or its designate that there has been a violation of the Equine Medication Control Rules.

If the equine medication control result from an official sample, collected from a horse treated as indicated on the Emergency Medication Report Form, shows the presence of a drug, the EMCC or its designate will fully investigate the matter and will review the nature of the alleged acute illness or injury, any relevant Emergency

Medication Report Forms previously filed, the therapeutic treatment administered, and the drug detected in the official sample. In its sole discretion, the Equine Medication Control Committee may decide to take no further action, issue a warning, or hold a hearing to determine if an Equine Medication Control Rule was violated. If a hearing is conducted, the information contained in the Emergency Medication Report Form and the veterinarian's medical records together, with any other relevant information, will be considered to determine whether there has been a violation of the Equine Medication Control Rules.

The Emergency Medication Report Form can be found on the EC website, under Programs and Services, in the resources section of the Equine Medication Control page, as well as with the official competition Steward.

The following conditions must be met for a horse to qualify for emergency medication:

- The medication must be therapeutic for acute injury or illness requiring immediate treatment.
 - Medication for procedures such as clipping, shipping, dentistry, etc. do not qualify.
- The horse must be withdrawn from competition for at least 24 hours following administration.

Exception: See Emergency Use of Dexamethasone exception p. 12

- The medication **must** be administered by a licensed veterinarian.
- An EC Emergency Medication Report Form must be filed with the EC Steward in advance of competing. If no Steward is present, the form must be filed with the TD or Competition Organizer.
- The Steward/TD/Competition Organizer must file the Equine Emergency Medication Report Form with the Equine Medication Control Committee through the EC Competitions Department.

The Equine Emergency Medication Report Form must contain the information in A1005.5:

- Horse/Pony (name, age, gender, colour, weight, breed, horse recording/passport number and competition entry number)
- Name of Person Responsible
- Medication, dose and route of administration, and date and time of the last dose
- Diagnosis and reason for administration

- Name (printed), signature and contact details of the administering veterinarian.
- Statement on whether the horse will continue to compete after the applicable withdrawal period or be fully withdrawn from the competition.

Example:

- If your horse has a skin cut, this rule allows the horse to have it sutured using sedation and/or local anesthetic and still be eligible to compete after 24 hours, providing the welfare of the horse is not compromised.

EMERGENCY USE OF DEXAMETHASONE

The Equine Medication Control Committee has acknowledged the use of a low dose of dexamethasone (10 mg) for the treatment of an acute allergic reaction (hives/urticaria), lessening the withdrawal time from competition to 12 hours. **This withdrawal time applies ONLY to 10 mg of dexamethasone.**

A single dose of up to 10 mg of dexamethasone may be administered by a licensed veterinarian to a horse or pony for an acute allergic reaction such as hives/urticaria.

The horse must be withdrawn from competition for a minimum of 12 hours following the administration.

A fully completed Emergency Medication Report Form must be completed and given to the official competition steward or competition organizer.

This exception is permitted **ONCE** per competition. Subsequent administration of dexamethasone requires 24 hour withdrawal.

HERBAL/NATURAL PRODUCTS AND NUTRACEUTICALS

Competitors are cautioned against the use of herbal and natural products, including proprietary medicinal preparations, tonics, pastes, powders, ointments and other topical preparation. Such products usually do not carry a drug identification number (DIN) and are not considered “drugs”. The labelling of these products is not controlled and often incomplete. They may contain prohibited substances that are not listed on the label that may lead to an unexpected equine medication control violation.

Be particularly cautious of products that claim to calm or relax the horse or build muscle; or manufacturer claims that a preparation is approved by EC or guarantee that it will not result in a positive test.

VITAMINS

Administration of over the counter vitamins with or without the addition of supplements is cautioned against and are subject to the same cautionary measures as are applicable to herbal/natural products and nutraceuticals (see p. 12).

Administration of vitamins with a Drug Identification Number (DIN) under the prescription of a veterinarian is permitted.

COMPOUNDED PRODUCTS

As with herbal and natural products, competitors are cautioned against using compounded products especially when an approved licensed veterinary product is available. Compounded products are products that are specially formulated by a pharmacy for a specific horse or case. These products are sometimes used because: 1) they are not available as a licensed product; or 2) they contain different concentrations or composition compared to a licensed product. When Health Canada approves a veterinary drug, the product must meet standards of efficacy, safety, composition and stability (will have an expiry date). The same level of government oversight for compounded products does not exist. A compounded product may have a greater concentration than the labelled concentration and this could generate an equine medication control violation as your horse's samples could show levels exceeding the allowable plasma/serum concentration.

“APPROVED” OR “ENDORSED” PRODUCTS

EC does not approve, endorse or sanction herbal, natural or medicinal products of any kind. Persons Responsible, trainers, owners and exhibitors are advised to disregard any such representations, statements or testimonials made by the manufacturer. Any individual who becomes aware of a product with a label containing a statement that it is “EC Approved” or “EC Endorsed,” etc., should forward a copy of the label to the EC office.

MINIMIZING RISKS WHEN ADMINISTERING DRUGS

It is recommended that all oral medications be administered directly in the horse's mouth instead of adding them to the grain ration. Horses can inadvertently consume a medication due to residues of drugs contaminating feed tubs, water buckets, hay and bedding. Caution should be exercised to avoid a horse getting access to the medication of another horse.

Inadvertent cross-contamination can often be avoided with good biosecurity practices (disease prevention/control). For good practices, refer to the National Farm and Facility Level Biosecurity Standard for the Equine Sector, which can be found under the "Health and Welfare" section of the Equestrian Canada website. (<https://www.equestrian.ca/industry/health>).

Best practices include keeping medications stored in locked facilities, with proper veterinary prescription labels for each equine patient. Ask your veterinarian about proper labelling of medications.

ELIMINATION GUIDELINES FOR MEDICATIONS AND DRUGS

Article A1001.3 Introduction
(EC General Regulations Section A)

The CPMA List of Drugs provides suggested elimination guidelines for a series of substances used to treat horses.

The elimination guidelines represents the sample time after the final dose, after which no drug or metabolite was detected using current technology. These elimination guidelines are obtained from studies using a small number of horses and there is inherent variability in how quickly individual horses can eliminate a drug due to various factors (e.g.: breed, sex, training, age) and PRs should consult with their veterinarians to determine how long of a safety factor (increasing the CPMA elimination guideline by some factor) should be considered.

Please refer to the CPMA Elimination Guidelines booklet, available on the EC website for a complete list of elimination guidelines. www.equestrian.ca/programs-services/equine-medications

The following chart lists some suggested elimination guidelines for a selection of commonly used medications or substances. **Please refer to the above paragraphs for a definition of Elimination Guideline.**

**In the event of a discrepancy between the chart below and the CPMA Elimination Guidelines, the CPMA Elimination Guidelines shall prevail.*

Name	Elimination Guideline (CPMA)
Acepromazine	36 hours (50mg PO, 10-25mg IM, 25mg IV) 24 hours (10mg PO)
Clenbuterol	28 days (0.40mg PO)
Butorphanol	72 hours (20mg IV) 48 hours (5mg IV)
Detomidine	36 hours (5mg IV) 72 hours (20mg IV & 22.8mg SL)
Dexamethasone	48 hours (25mg IV & 10mg PO)
Diclofenac	36 Hours (500mg PO) 120 hours (180mg TOP)
Meloxicam	48 hours (90mg PO) 54 hours (270mg IV)
Methocarbamol	24 hours (5g IV & 5mg PO) 48 hours (3g PO x for 5 days)
Methylprednisolone	6 days (100mg IA) 14 days (200mg IA)
Penicillin G Procaine	425 hours (IM) 60 hours (PO) 48 hours (TOP)
Triamcinolone	6 days (20mg IA)
Xylazine	24 hours (500mg IV)

Administration Route Abbreviations			
IA	intraarticular	PO	oral
IM	intramuscular	TOP	topical
IV	intravenous	SL	Sublingual

***It is stressed that these times are presented only as guidelines and should not be construed as absolute for every horse. Because of this, following these guidelines will not be considered a defense for an equine medication control violation.**

For other medications not listed, refer to the current CPMA Elimination Guidelines.

COLLECTION OF SAMPLES

Article A1006 Examination, Sample Collection & Testing (EC General Regulations Section A)

When a horse is selected to undergo equine medication control, the competitor, groom or the Person Responsible shall be notified by the Equine Medication Control Technician (EMCT) and/or licensed veterinarian that the horse has been selected for testing. The competitor and/or the PR shall accompany or select a representative (i.e. groom) to accompany the horse to the official sample collection area.

The PR, competitor or the representative must witness the collection of the official sample, witness the sealing of the official sample container, and sign all documentation provided by the EMCT and/or licensed veterinarian.

When the competitor is a junior (under the age of 18 years old as of January 1 of the current calendar year), the competitor cannot be the witness. However, the witness may be a parent/guardian who is not an EC or US Equestrian member. In every case, the witness must be an adult (18 years old as of January 1 of the current calendar year).

If the PR, the competitor or a representative fails or refuses to witness the sample collection, this shall constitute a waiver of any objection to the identification of any horse tested and the manner in which the official sample was collected, sealed and shipped to the official laboratory.

Once sealed and numbered, the samples are locked in a cooler with other samples from the same competition and shipped to the official laboratory. Samples being shipped to the official laboratory are identified only by a number. The horse's name, owner's name and other information are not included with the sample documentation, so the chemist has no knowledge about the identity of the horse tested. The collection documentation is retained by EC, where it is matched by the number if the official laboratory reports a medication control violation. All samples are analysed at the official laboratory according to procedures approved by Agriculture and Agri-Food Canada (AAFC) and the CPMA.

The official laboratory submits the results to EC approximately 30 days following sample collection at the competition.

EQUINE MEDICATION CONTROL REMITTANCE OF FEES

The National Equine Medication Control program is funded by all competitors from Bronze through Platinum competitions. The fees are set annually, and the funds are collected by each competition organizer and forwarded to EC or their designate. The fees are used to pay the operating costs of the Equine Medication Control Program across Canada, as well as education and promotion of Equine Clean Sport. The fees can be found in the Schedule of Fees available on the EC website. www.equestrian.ca.

SELECTION OF COMPETITIONS TO BE TESTED

A selection committee made up of Stewards and Equine Medication Control Committee members from across the country, work together to select competitions to be tested based on the competition schedule provided by the EC Competitions Department.

The committee selects a minimum of 30% of Bronze, 40% of Silver and 70% of Gold competitions by discipline and geographical area to be tested.

FEI divisions at Platinum competitions are tested according to FEI rules. The testing schedules are submitted to the Equine Medication Control Technicians for random selection of horses, sample collection and shipping.

SELECTION OF HORSES TO BE TESTED

Article A1006 Examination, Sample Collection and Testing (EC General Regulations Section A)

The Equine Medication Control Technician (EMCT) selects horses for equine medication control at random throughout the competition (examples: based on order-of-go or placing). However, there may also be targeted testing of any horse that is entered in an EC sanctioned competition. In accordance with rule A1006.3, horses may be specifically selected for targeted medication control, **including those which stagger, collapse, die or are euthanized at the site of, or during**

competition. Horses may be specifically selected for targeted equine medication control at a competition at the direction of an Equestrian Canada official officiating at the competition (i.e. Steward or Judge).

No reason is required to justify targeted equine medication control.

A horse that has had an Emergency Medication Report Form submitted may be targeted for equine medication control.

A horse may be tested more than once at a single EC sanctioned competition.

Any horse entered in the competition or withdrawn from competition (within 24 hours) can be selected for equine medication control while on competition grounds.

Horses on competition grounds not entered in competition are exempt from random testing but could be subject to target testing under General Regulations Chapter 10.

Failure to submit a selected horse for examination and equine medication control, or failure to cooperate with the Equine Medication Control Committee, EMCTs, its designate or its appointed representatives shall itself constitute a violation of the Equine Medication Control Rules and the PR may be subject to the penalties under Chapter 12, General Dispute Resolution and Protests at EC sanctioned competitions. This will be determined at a hearing conducted for this purpose.

PERSON(S) RESPONSIBLE (PR) (Glossary – EC General Regulations Section A)

The Person(s) Responsible (PR) for a horse must be an adult who has, or shares responsibility for the care, training, custody and performance of the horse and who has official responsibility for that horse under EC Rules.

The PR is liable under the penalty provisions of the applicable EC Rules for any rule violations.

Every entry form for an EC sanctioned competition must identify the PR and be signed by the PR.

The Person(s) Responsible is ultimately responsible for the condition, fitness and management of the horse and is alone responsible for any act performed by themselves or by any other person with authorized

access to the horse in the stables, elsewhere on the grounds or while the horse is being ridden, driven or exercised.

A: For adult entries into EC sanctioned competitions, the PR shall be either the trainer, the owner of the horse or the competitor who rides or drives the horse during the EC sanctioned competition.

B: For junior entries into EC sanctioned competitions the junior competitor cannot be the PR. For junior entries the PR may be either the trainer, the owner of the horse or a parent/guardian of the junior competitor.

Additional persons who are subject to the equine medication control rules may be subject to the same penalties as the PR if found in violation of the rules as per Article A1010.5.

DISCIPLINE PROCESS AND PENALTIES

Article A1010 Violations
(EC General Regulations Section A)

If a sample is deemed negative by the official laboratory, there is no further action by EC and the PR is not contacted.

The following constitute violations:

- Administrating a medication or a drug to a horse entered in an EC sanctioned competition in a manner that would cause a certificate of positive analysis to be issued (Article A1006.7).
- Tampering with a horse in a manner which might interfere with the collection or analysis of the official sample.
- Unless otherwise permitted by the EMCT or licensed veterinarian conducting the official sample collection, administering anything except drinking water to a horse that has been selected to undergo equine medication control is forbidden pursuant to Article A1006.
- Interfering with the collection or analysis of an official sample.
- Substituting another horse for any horse that has been selected to undergo equine medication control pursuant to Article A1006.
- Substituting or misrepresenting the contents of an official sample container.
- Being in possession of any of the following drugs
(i) injectable magnesium, (ii) gamma amino butyric

- acid (GABA) or (iii) hydroxygamma butyric acid (Hydroxy-GABA) at an EC sanctioned competition;
- Administering or permitting the administration by any means to a horse entered in an EC sanctioned competition, any of the following drugs (i) injectable magnesium, (ii) gamma amino butyric acid (GABA) or (iii) hydroxy-gamma butyric acid (Hydroxy-GABA); or
- Refusing the request of an on duty EC official to provide for independent inspection and testing, the equipment and materials used for the injection of a horse at an EC sanctioned competition.

IN THE EVENT OF A MEDICATION CONTROL VIOLATION

When notice of a certificate of positive analysis is received from the official laboratory, the EMCC will determine the nature and category of the offense. The EMCC may offer the PR(s) the option to accept an administrative penalty or to hold a hearing in accordance with Chapter A12, General Dispute Resolution and Protests at EC sanctioned competitions.

When the PR elects to accept an administrative penalty (first offence **only**), a predetermined fine and/or suspension period is issued according to the EC Schedule of Fines & Penalties and the PR's right to hold a hearing is forfeited.

The amount of fine and length of suspension depend on the infraction. Medications are divided into five categories ranging from substances that have no place in a performance horse to valid veterinary therapeutics that have a minimal potential for altering performance or behavior. Fines can range from \$500 to \$15,000 and suspensions from 15 days to a lifetime suspension.

If the PR elects to go to a hearing, they will be supplied with information on how to proceed, and details on the hearing process.

The administrative penalty does not apply to subsequent medication violations, and a hearing will be held.

For more detailed information, the EC Drug Classification Scheme and associated EC Schedule of Fines & Penalties can be found on the EC website. www.equestrian.ca

PUBLIC DISCLOSURE

Article A1014 (EC General Regulations Section A)

All Equine Medication Control hearings, whether documentary or oral, are private. Only following the conclusion of a hearing or once the administrative penalty has been accepted, the following information shall be published on the EC website: The name of the Person Responsible, the horse's name, the name and date of the competition, the drug, the class of violation and the penalty.

The information outlined will only be published after the Person(s) Responsible has been notified by Equestrian Canada or its designate. The information will remain published for three years.

If the Person(s) Responsible or any associated or related person makes information concerning a rule violation or an alleged rule violation public prior to the conclusion of the hearing, the acceptance of the administrative penalty and the release of the EC's public report, EC may comment on all such public information.

SHOCKWAVE THERAPY

Article A517.3 Cruelty, Abuse or Inhumane Treatment of Horses (EC General Regulations Section A)

Any horse that receives shockwave therapy is not eligible to compete for 96 hours. Shockwave therapy administered on competition grounds can only be administered by a licensed veterinarian and a Shockwave Declaration Form must be filled out, signed and given to an officiating Steward or to the Competition Organizer. The penalty for competing within 96 hours is immediate suspension of the horse from that competition, return of all awards received and a yellow card.

The Shockwave Declaration Form can be found on the EC website, under Programs and Services in the resources section of the Equine Medications page.

US EQUESTRIAN MEDICATION RULES

<https://www.usef.org/compete/resources-forms/rules-regulations/drugs-medications>

The US Equestrian medication rules differ from the EC rules. Please refer to the US Equestrian website for complete information regarding medication regulations for US Equestrian sanctioned competitions.

For example, methocarbamol (Robaxin), diclofenac (Surpass), isoxsuprine, dexamethasone and naproxen are medications that may be used at US Equestrian sanctioned competitions but are not permitted for use at EC sanctioned competitions in Canada - and their detection at EC sanctioned competitions would constitute an equine medication control violation. Appropriate elimination times must be followed if these products are used in horses competing in Canada.

FEI EQUINE CONTROLLED MEDICATION PROGRAMME

At FEI competitions, the FEI Clean Sport rules are in effect regarding prohibited substances and they can be found on the FEI Clean Sport website.

FEI updates occur on a regular basis. If you are competing in FEI competitions, check the FEI Clean Sport for Horses website regularly:

<https://inside.fei.org/fei/cleansport/horses>

FEI Prohibited Substances List:

<http://inside.fei.org/fei/cleansport/ad-h/prohibited-list>

FEI Detection Times are published for commonly used substances:

https://inside.fei.org/system/files/FEI%20Detection%20Times%202018_0.pdf



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