

EQUINE MEDICATION CONTROL SHOCKWAVE THERAPY FORM

The reference term horse includes: Horse, Pony

Article A517.31 *Any horse that receives shockwave therapy is not eligible to compete for 96 hours.*

Shockwave therapy while on competition grounds can only be administered by a veterinarian and a Shockwave Therapy 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.

Horse Name:			Horse \square	Pony				
Age:	Sex:	Sex:		Weight:				
Colour & Markings:			Microchip #:					
Entry #:		EC Recording #:						
Person Responsible:		EC Sport License (USEF) #:						
Owner's Name:		EC Sport License (USEF) #:						
Date & Time Shockwave Therapy was Administered (to be completed by veterinarian):								
Date:	Tir	Time:		am 🗆	pm			
Name and Contact of Veterinarian Administering Shockwave Therapy:								
Name (print clearly):	Signature:	Signature:						
Telephone Number:	Email:	Email:						
(Ensure this form is completely and accurately filled out. An incomplete form is invalid)								
Instructions to the Steward/Technical Delegate (print clearly)								
Date Received:	Time Receiv	Time Received:			pm			
Competition #:								
Name of Competition:								
Date of Competition:	City/Province	City/Province:						
Name & Signature of EC Steward/Technical Delegate:								
Name (print clearly):	Signature:							
EC Number:								

Remit completed form to the competition show office immediately.

 $\textbf{Please send a copy of the completed form to Equestrian Canada:} \ \underline{\textbf{equinemeds@equestrian.ca}}$

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