

THE REFERENCE TERM "HORSE" INCLUDES: HORSE, PONY, VSE

INSTRUCTIONS TO THE COMPETITOR AND TREATING VETERINARIAN

1. The purpose of this form is to document a horse entered in a competition that requires the administration of a non-permitted medication for therapeutic purposes due to an acute illness or injury. Continuing to compete with the horse must not be detrimental to the overall welfare of the horse nor accelerate a disease process.
2. This form is not to be completed if a horse has been administered a non-permitted substance for purposes other than therapeutic treatment of acute illness or injury, including for procedures such as shipping, clipping, shoeing, etc. or for elective procedures such as dentistry.
3. The horse **MUST BE WITHDRAWN FROM COMPETITION FOR NOT LESS THAN 24 HOURS** after the time of the last administration of a non-permitted substance, except as outlined below:
4. By exception to the time listed in point 3 above, and EC General Regulations, Section A, Chapter 10 Article 1005.3 (b);
 - a. a horse that has been treated with a single dose of **injectable dexamethasone (intravenous (IV) or intramuscular (IM) only), up to a maximum of 10mg**, administered by a licenced veterinarian for an acute allergic reaction such as hives/urticaria or asthma, must be withdrawn from competition for a minimum of 12 hours following administration. An emergency medication report form must be completed and given to the steward. **Permitted ONCE per competition. Subsequent administration of dexamethasone requires 24 hour withdrawal.**
 - b. a horse that has been treated with **salbutamol and/or fluticasone and/or ciclesonide** administered as per veterinary prescription, by metred-dose inhaler for acute respiratory ailment, may continue to compete, and is not required to observe a withdrawal from competition. An emergency medication report form must be completed and given to the competition steward. Subsequent administrations **do not** require the resubmission of an emergency medication report form. This exception does not apply in the sport of Endurance
5. **All medication(s) declared in the Emergency Equine Medication Report Form must be administered by a licensed veterinarian.**
6. An Emergency Equine Medication Report Form must be properly completed and the diagnosis and reason for administration must be fully explained on the form.
7. The form must be filled in completely before it is submitted to the EC Steward/Technical Delegate. The treating veterinarian may also elect to complete the veterinary emergency declaration online by completing the Emergency Equine Medication Veterinary Declaration found at: https://licence.equestrian.ca/vet_declaration/index?lang=en
8. Regardless of whether an Emergency Equine Medication Veterinary Declaration is completed online by the treating veterinarian, **THE FULLY COMPLETED EMERGENCY EQUINE MEDICATION REPORT FORM must be submitted to the Steward/Technical Delegate as follows:**
 - a. WITHIN ONE HOUR of the administration of the medication(s);
 - b. WITHIN ONE HOUR of the Steward/Technical Delegate returning to duty (if the administration is at a time other than during competition hours); or
 - c. WITHIN ONE HOUR of arrival on the grounds (if the administration is at a time before arrival).
9. In any instance, if more than one non-steroidal anti-inflammatory drug is found in any sample, penalties as set out in Equestrian Canada General Regulations – Chapter 10, will be applied accordingly.
10. **The filing of this Emergency Equine Medication Report Form is NOT A DEFENSE to a violation of the Equine Medication Control Rules.** If the Official Laboratory issues a certificate of positive analysis for a sample collected from a horse treated as indicated on this form and shows the presence of a prohibited substance, the Equine Medication Control Committee must investigate the matter to determine whether all of the requirements of the EC Rules have been met. The information contained in this Emergency Equine Medication Report Form and any other relevant evidence will be considered in determining whether there has been a violation.

PERSON(S) RESPONSIBLE (SECTION A - GENERAL REGULATIONS, GLOSSARY)

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 himself/herself 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.

Has the treating veterinarian completed the online Emergency Equine Veterinary Declaration? Yes No

Horse Name: <small>REQUIRED</small>	Age:	Sex:	Weight:	Horse <input type="checkbox"/> Pony <input type="checkbox"/>
Entry #: <small>REQUIRED</small>	EC Horse Recording #:	Microchip #:		
Colour & Markings:				
Person Responsible: <small>REQUIRED</small>	EC Sport Licence (USEF) #:			
Owner's Name:	EC Sport Licence (USEF) #:			

IDENTIFICATION OF MEDICATION(S) (PRINT CLEARLY - TO BE COMPLETED BY ADMINISTERING VETERINARIAN)

	Drug #1	Drug #2	Drug #3
Generic Name			
Amount Administered & Concentration			
Route of Administration			
Date(s) & time(s) of ALL Administration(s)			
Date & Time of the FINAL Administration			
Diagnosis / Reason for Administration			
FOR 10mg IV/IM DEXAMETHASONE ONLY:	Is this the FIRST DOSE administered THIS competition?		<input type="checkbox"/> YES <input type="checkbox"/> NO (2 nd or subsequent) <small>If YES - 12 hr withdrawal, If NO - 24 hr withdrawal</small>

NAME AND CONTACT OF VETERINARIAN ADMINISTERING MEDICATION

Name: <small>REQUIRED</small> (print clearly)	Signature: <small>REQUIRED</small> (Signature not required if online Veterinary Declaration completed by treating veterinarian)
Telephone Number: <small>REQUIRED</small>	Email:

THIS FORM MUST BE GIVEN TO THE STEWARD OR TECHNICAL DELEGATE AND THE FOLLOWING COMPLETED IN FULL

TO BE COMPLETED BY THE STEWARD/TECHNICAL DELEGATE

Date Form Received: <small>REQUIRED</small>	Time Received: <small>REQUIRED</small>	<input type="checkbox"/> AM <input type="checkbox"/> PM
Competition #: <small>REQUIRED</small>	Name of Competition:	
Date(s) of Competition: <small>REQUIRED</small>	City and Province:	

STEWARD/TECHNICAL DELEGATE COMMENTS: REQUIRED

EMERGENCY TREATMENT REQUIRES A HORSE TO BE WITHDRAWN FROM COMPETITION AS PER EC RULES (1005.3.b)

<input type="checkbox"/> No withdrawal required <small>(Applicable to administration of salbutamol and/or fluticasone and/or ciclesonide by metered-dose inhaler ONLY)</small>	<input type="checkbox"/> 12-hour withdrawal <small>(Applicable to FIRST DOSE of up to 10mg of IV or IM Dexamethasone ONLY maximum ONCE per competition)</small>	<input type="checkbox"/> 24-hour withdrawal <small>(Applicable to all non-permitted medications administered, or a 2nd permitted NSAID as per A1003)</small>	<input type="checkbox"/> Horse withdrew from competition.
DATE & TIME ELIGIBLE TO RETURN TO COMPETITION:			

NAME & SIGNATURE OF EC STEWARD/TECHNICAL DELEGATE

Name: <small>REQUIRED</small> (print clearly)	Signature: <small>REQUIRED</small>	EC Number: <small>REQUIRED</small>
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Please email the completed form to Equestrian Canada as soon as it is received: equinemeds@equestrian.ca

ENSURE THIS FORM IS COMPLETELY AND ACCURATELY FILLED OUT. AN INCOMPLETE FORM IS INVALID