

ANNEX V

GUIDE TO THE USE AND AUTHORISATION OF VETERINARY TREATMENT DURING AN FEI EVENT

Medication of horses under FEI rules is strictly controlled and will only be authorised if the appropriate medication forms have been completed and signed. The FEI Veterinary Committee has produced the following guidance for veterinarians, Persons Responsible and officials. It is not possible to provide specific examples for all eventualities and therefore final judgement will rest on the opinion of the Veterinary Commission/Delegate, bearing in mind that the welfare of the horse must be considered paramount at all times. See also the FEI Competitor Guide to Doping and Medication Control in Horses, which, together with the following Medication Forms, can be downloaded from the FEI website (http://www.fei.org/Athletes AND Horses/Medication Control AND Antidoping/Horses/Pages/Information.aspx).

- Form 1 Authorisation for Emergency Treatment (i.e. involving medication with Prohibited Substances)
- Form 2 Declaration for administration of altrenogest (e.g. Regumate) to mares competing in FEI competitions
- Form 3 Authorisation for the use of Medication not on the Prohibited Substances list (i.e. rehydration fluids and antibiotics).
- Form 4 Application Form for Elective Testing

After completing and signing the relevant Medication Form, the Veterinary Commission/Delegate should give the provider of treatment (i.e. Treating or Team Veterinarian, authorised physiotherapist etc.) a copy of the Medication Form which can then be shown to FEI Stewards or other officials if necessary. These forms are only valid for the one event the horse is competing in.

<u>Medication Form 1.</u> Authorisation for Emergency Treatment involving medication with Prohibited Substances

1. Type of Medication that can be Authorised

The use of a Prohibited Substance can only be authorised for treatment during an event in exceptional circumstances (GR Art 146.3 and VR Arts. 1006.7 & 8, and 1009.9). For example, this might include the use of a local anaesthetic to suture a small laceration. However, intra-articular injections, the use of non-steroidal anti-inflammatory drugs (NSAIDs) or conditions requiring repeated treatments will not be authorised. If such medication is required on clinical grounds the horse must first be withdrawn from the competition so that the necessary treatment can be given.

2. Consultation with Veterinary Officials

The Veterinary Commission/Delegate must always be consulted if medication is required for a horse competing under FEI Rules. The decision as to whether the condition is minor and whether the medication requested will unfairly affect the horse's performance will be decided on a case-by-case basis. The Veterinary Commission/Delegate will be required to use clinical judgement in assessing the condition, the proposed treatment and the fitness of the horse to continue in the competition. A second opinion should be sought if necessary. After proper consideration the Form must be completed, signed by the Veterinary Commission/Delegate and counter-signed by the President of the Ground Jury. Unless there



are exceptional circumstances (see below) the Form must always be signed before any medication is given to the horse.

3. Authorisation after Withdrawal from Competition

Form 1 must always be completed when a Prohibited Substance is to be given to a horse at an FEI event, even if it has been officially withdrawn. As long as the horse remains at the event site it falls within FEI regulations. However, although it is not necessary to obtain the signature of the Ground Jury President once the horse has been withdrawn from the competition, a member of the Veterinary Commission or the Veterinary Delegate must always sign the form. A copy of the completed form should be given to the Veterinary Commission/Delegate for the records of the Treating/Team Veterinarian.

4. Authorisation Before the Start of Competition

Form 1 may also be used for retrospective authorisation of medication given before the start of the event providing such medication will not affect the horse's performance by the time it is due to compete. In principle horses should not be treated with a Prohibited Substance before competition if the substance or its metabolites are likely to be detectable once the horse is under FEI rules. However, there may be some circumstances (e.g. during transport, in a case of mild spasmodic colic etc.) when medication is deemed appropriate on veterinary grounds. On such occasions the Treating/Team Veterinarian must provide a signed statement describing the substance administered, the dose, time and route of administration and the reason for treatment. The Veterinary Commission/Delegate will need to consider carefully whether the time lag between treatment and competition could give the horse an unfair advantage and must advise the Ground Jury accordingly. Information on withdrawal times for a number of substances can be obtained from the Veterinary Department. Products used should be from the medicine box list where possible.

<u>Medication Form 2.</u> Declaration of Administration of altrenogest (e.g. Regumate) to Mares competing in FEI Competitions

The use of altrenogest (Regumate) is currently permitted by the FEI for mares with an oestrus-related behavioural problem. The following conditions apply:

- 1. Authorisation of Regumate treatment is only permitted for mares with an oestrusrelated behavioural problem.
- 2. The dose and duration of treatment must be in accordance with the manufacturer's recommendations.
- 3. Medication Form 2 must be completed by a veterinarian and submitted to the Veterinary Commission/Delegate before the start of the event.

The rule to permit the use of altrenogest will be regularly reviewed by the FEI.

<u>Medication Form 3.</u> Authorisation for the Use of Medication not on the list of Prohibited Substances (i.e. rehydration fluids and antibiotics).

For permission to administer these substances by injection, nasogastric tube or nebulisation (saline only) it is necessary to complete Medication Form 3. This Form requires the authorisation of the Veterinary Commission/Delegate who, in the case of electrolytes/fluids, will be requested to make an assessment of the climatic conditions and, in all cases, of the fitness of the horse concerned prior to authorisation. The Form does not need to be countersigned by the President of the Ground Jury.



1. It is important to note that:

- 1. Authorisation for administration of these substances is not a right and always requires the prior approval of the Veterinary Commission/Delegate.
- 2. Requests for small volumes of rehydration fluids (e.g. 1-5 litres), which have no clinical justification, are unlikely to be approved.
- 3. Samples of the rehydration/recovery medication may be taken and tested for Prohibited Substances.
- 4. Treatment of horses suffering from gastric ulceration by the oral administration of ranitidine, cimetidine or omeprazole is currently permitted under FEI rules. Medication Forms do not need to be completed.
- 5. Permission for rehydration fluid administration must be evaluated on a case-by-case basis.

Medication Form 4. Application Form for Elective Testing

For the substances listed under VR Annex V, Appendix 1, it is possible to have a horse tested after treatment, but prior to a competition in which the horse is scheduled to participate. Medication Form 4 is to be used and the Reference Laboratory informed using Form 4, of the exact substances that were administered. Full guidance and details of the substances that may be detected by Elective Testing, and the Reference Laboratories that undertake this service can be found on the FEI website (http://www.fei.org/Athletes AND Horses/Medication Control AND Antidoping/Horses/Pages/Information.aspx).



Medication Form 1

AUTHORISATION OF EMERGENCY TREATMENT

2.

3. Indicate discipline: Jumping, Dressage, Eventing, Driving, Vaulting, Endurance, Reining

TO BE COMPLETED IN CAPITAL LETTERS

FOR COMPLETION BY TREATING VETERINARIAN	
Event:	Date:
Horse's name:	
Person Responsible:	Nationality:
Competition no.:	Stable no.:
Symptoms or condition requiring medication:	
Medication (including dosage):	
Active ingredient: (see label):	
	
Route of administration: topical oral oral intramuscular intraver	subcutaneous nous rectal
Date and time of administration:	
	
Name of Treating Veterinarian:	Signature:
FOR COMPLETION BY THE VETERINARY COMMISSION	DN/DELEGATE
After examination of the above horse, I hereby aut	horise the treatment and consider that, to
the best of my knowledge, the horse is:	
FIT UNFIT	

for participation/continued participation at this event.



Date and time of authorisation:		
		
Name of authorising member of Veterinary Commission/Delegate: Signature:		
4. 5. The horse is: competing withdrawn post competition		
FOR COMPLETION BY THE PRESIDENT OF THE GROUND JURY		
In accordance with GRs Art. 146.3 & on the recommendation of the Veterinary Commission/Delegate, the above horse having received emergency veterinary treatment as indicated above:		
MAY participate/continue to participate MUST be withdrawn		
Date and time of signature:		
Name of President of the Ground Jury: Signature:		



Medication Form 2

TO BE COMPLETED IN CAPITAL LETTERS

1.1. DECLARATION FOR ADMINISTRATION OF ALTRENOGEST 1.2. (e.g. REGUMATE) TO MARES COMPETING IN FEI COMPETITIONS

2.

3. Indicate discipline: Jumping, Dressage, Eventing, Driving, Vaulting, Endurance, Reining

Event: ______ Date: ______ I declare that I will use/am using altrenogest for: Mare's name: ______ Passport no.: ______ Person Responsible: ______ Nationality: ______ Competition no.: ______ Stable no.: ______

Person Responsible / Team / Treating Veterinarian

I certify that altrenogest has been administered in accordance with the three conditions specified below:

Date:	
3.1.1.	Veterinary Delegate / Commission
Name (Print):	Signature:
Date:	

Name (Print): Signature:

At the General Assembly in April 2004, the FEI approved¹ the use of altrenogest (e.g. Regumate) for oestrus suppression in normally cycling mares competing in FEI competitions. The following conditions apply:

- 1. Altrenogest is only permitted in mares;
- 2. The manufacturer's recommended dose of altrenogest and duration of treatment for oestrus suppression must be followed;
- 3. Medication Form 2 must be completed, signed and approved by the Veterinary Commission/Delegate.

N.B. The manufacturer's contra-indications and warnings etc. must be noted and understood before using altrenogest.

Horses will be tested for the presence of altrenogest.

¹This authority is subject to regular review by the FEI.

Medication Form 3



AUTHORISATION FOR THE USE OF MEDICATION NOT LISTED AS PROHIBITED UNDER F.E.I. REGULATIONS

ONE SUBSTANCE PER FORM

Indicate discipline: Jumping, Dressage, Eventing, Driving, Vaulting, Endurance, Reining **TO BE COMPLETED IN CAPITAL LETTERS**

This form applies to med	lication not listed as Prohibited
(e.g. administration of re	hydration fluids and antibiotics)
Event:	Date:
I declare that I will use the following medica	ation for:
Horse's name:	Passport no.:
Person Responsible:	Nationality:
Competition no.:	Stable no.:
 Competition Status (tick): pre-competition compecompetition compecompetiti	ting
Indication for treatment (tick):	
Dehydration: after travel after cross-o	country/marathon other (specify)
Dermatitis	Diarrhea Eye: injury/disease :
Route of administration (select one): Intravenous Intramuscular Orally Nebulisation (only saline	Subcutaneous Nasogastric tube Intraocular Other
<u>Substances administered</u> Trade Name: Active ingredient:	Concentration:
	Volume:
	Dates/Times:
	••••••
Treating Veterinarian	Date:
Name (Print):	Signature:
Authorisation of Veterinary Delegate / Com	imission Date: .



Name (Print):Signature:	
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MCP

APPLICATION FORM FOR ELECTIVE TESTING

TO BE COMPLETED IN CAPITAL LETTERS

This form must be completed and sent together with the sample to the FEI Central or Reference Laboratory. *Please read carefully the accompanying important Conditions and Requirements* before completing this form.

Horse's name:	Sex:
FEI Passport no.:	
Person Responsible:	Nationality:
Reference Laboratory name and location:	
Event information:	
Location of next event:	Date:
Medication information:	
Prohibited substances to be tested for (limited t	o 4 substances per horse):
Contact Person (Treating or Team Veterinarian)	in case of queries and for result reporting:
Name:	e-mail:
	no.:
Sample Information (NB only urine samples may	v be sent):
Date of urine collection: Ap Date of sample dispatch: Ex	· · · · · · · · · · · · · · · · · · ·
Shipping details (courier service), AWB number	etc.:
Name and address to which the report will be se	ent (please print clearly):
Name: e-m	nail:



Address:		
Phone no.:	fax no.:	
Declaration by the Treat	ng/Team Veterinarian: I agree to the conditions of the elect	tive
testing services of the FE	and its agents, declare that the sample submitted with this fo	rmر
entirely originates from th	e stated horse, and acknowledge that the elective testing resul	lt is
unofficial and a negative	finding does not absolve me of my responsibility of any posit	tive
finding, including the med	cation(s) tested herein, in all official samples.	
Name:	Signature:	
Date:		

Disclaimer: The FEI and its agents do not accept any responsibility for the testing service and/or the results and the requester shall hold the FEI harmless from all claims relating thereto.

