

ETUE 1 AUTHORISATION OF EMERGENCY TREATMENT

A copy of this form must be supplied to the Person Responsible, and the Ground Jury. A copy must also be retained by the Veterinary Commission/Delegate. **Copy must be sent to FEI HQ within 14 days.**

Indicate discipline: Jumping, Dressage, Eventing, Driving, Vaulting, Endurance, Reining, Para-Equestrian

FOR COMPLETION BY TREATING VETERINARIAN

TO BE COMPLETED IN CAPITAL LETTERS

Event: Date:.....
Horse's name: Passport no.:
Person Responsible: Nationality:.....
Competition no.: Stable no.:

Symptoms or condition requiring medication:
.....

Medication (including dosage Active ingredient: (see label):.....

Route of administration: topical oral subcutaneous
intramuscular intravenous rectal

Date and time of administration:

Name of Treating Veterinarian: Signature:

FOR COMPLETION BY THE VETERINARY COMMISSION/DELEGATE

After examination of the above horse, I hereby authorise 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:

Veterinary Commission/Delegate: Signature:

The horse is: competing withdrawn post competition

FOR COMPLETION BY THE PRESIDENT OF THE GROUND JURY

In accordance with GRs Art. 143 & 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MAY participate/continue to participate MUST be withdrawn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:

Number of entries in the event..... Final Placing of horse in this event.....