



A. IDENTIFICATION OF HORSE (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

Name: _____

Age: _____ Sex: _____ Color: _____

Tournament: _____

Horse Owner: _____ Horse Player: _____

B. IDENTIFICATION OF MEDICATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

Product	Amount	Route of Administration	Date and Time
1.			
2.			
3.			
4.			
DANTROLENE*			
FUROSEMIDE* (* May be given up to 3 hours prior to competition)			

Diagnosis and Reason of Administration (This must be for a Therapeutic Purpose only):

Name of Treating Veterinarian Prescribing/Administering the Medication: _____ Date Signed: _____

Phone Number of Treating Veterinarian: _____

Name and Signature of Person Administering the Medication:
 Print: _____ Sign: _____

C. INSTRUCTIONS TO HORSE OWNER/RIDER: This form must be mailed, faxed or emailed (scan or legible photograph) to the USPA. The form must be RECEIVED PRIOR to the commencement of the USPA event in which the horse is competing. Please retain a file copy of this form and request that your veterinarian retain a file copy of the form. MAIL: 9011 Lake Worth Road Suite A Lake Worth Florida 33467 FAX: (561) 6422274 EMAIL: rizzo@uspolo.org

IMPORTANT: All blanks above must complete. Incomplete forms will be returned immediately to the Horse Owner/Player for completion. Please note whether a specific diagnosis is recorded in proper section above.

IFOR USPA USE ONLY: If all blanks are completed, please indicate the following:

Date Received: _____ Time Received: _____ a.m. p.m.

Name of Event: _____ Date(s) Held: _____

Polo Club City and State: _____

Name and Signature of USPA Official (Please Date Stamp this form as: "RECEIVED BY THE USPA" with the Date/Time received)
 Print: _____ Sign: _____