



MULTIPLE HORSE MEDICATION REPORT FORM

FOR VETERINARY USE

TOURNAMENT NAME: _____ HOST CLUB: _____

TEAM NAME: _____

HORSE NAME:	COLOR:	SEX:	AGE:	PLAYER/ OWNER:	MEDICATION ADMINISTERED:	AMOUNT ADMIN:	ROUTE OF ADMIN:	DATE AND TIME:	REASON:

NAME OF VETERINARIAN PRESCRIBING THE MEDICATION: _____ PHONE NUMBER OF PRESCRIBING VETERINARIAN: _____

NAME OF PERSON ADMINISTERING THE MEDICATION: _____

SIGNATURE OF PERSON ADMINISTERING THE MEDICATION: _____ DATE SIGNED: _____

C. INSTRUCTIONS TO HORSE OWNER/RIDER: This form must be emailed or faxed 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. EMAIL: equinewelfare@uspolo.org FAX: (888) 391-7410

FOR USPA USE ONLY:

DATE RECEIVED: _____ TIME RECEIVED: _____ a.m. p.m.

NAME AND SIGNATURE OF USPA OFFICIAL (Please Date stamp this form as "Received by USPA" with the Date/Time Received

PRINT: _____ SIGN: _____