

**Office Use Only**

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**NSBA Show Medication Declaration Form**

(This form will not be valid unless it is completed in full and turned in PRIOR to showing in the below designated class(es))

Name of Show:

Date:

Horse's Name:

Back/Entry #:

Horse's Age:

Sex:

NSBA Registration #: L

Microchip:

Owner:

Address:

City:

State:

Zip:

Phone:

Agent/Trainer:

Exhibitor:

Class(es) Entered:

**The agent/trainer (any adult who has responsibility for the care, custody, control and/or performance of the horse) is responsible for the conditions of the horse and for compliance with all NSBA medication rules. The undersigned further acknowledges that all persons involved in the ownership, preparation and/or showing of his horse have read and fully understand and agree to comply with the NSBA medication and humane treatment rules as they appear in the current NSBA Rulebook.**

Signature: \_\_\_\_\_

(circle one) Owner    Exhibitor    Agent

**Medication Information** (To be completed by person administering medication only)

Product Name: \_\_\_\_\_

Amount Administered: \_\_\_\_\_

Product Strength: \_\_\_\_\_

How Administered:

Oral

Topical

Intravenous

Intramuscular

Subcutaneous

Inhaled

Date(s) Administered: \_\_\_\_\_

Time(s) Administered: \_\_\_\_\_

Reason Administered: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

Veterinarian Email: \_\_\_\_\_

Please forward completed form to NSBA with show results. Please call NSBA if you have any questions about the Medication Rule.

WHITE – NSBA    YELLOW – Show Management    PINK – Owner/Trainer