



Office Use Only

Received by: _____
Date: _____ Time: _____

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)

Name of Show: _____ Date: _____
Horse's Name & Registration #: _____
Horse Age: _____ Sex: _____ Class Entered: _____
Owner: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Agent: _____ Exhibitor: _____



MEDICATION INFORMATION (to be completed by person administering medication only)

Product Name: _____
Amount Administered: _____
How Administered: Oral Topical Intravenous Intramuscular Subcutaneous
Date(s) of administration: _____
Time(s) of administration: _____
Reason for administration: _____

The agent (any adult who has responsibility for the care, custody, control and/or performance of the horse) is responsible for the condition 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 Handbook.

Signature: _____

(circle one) Owner Exhibitor Agent