

RDA National Championships Controlled Medication Declaration Form

The RDA follows the lead of the FEI (Fédération Equestre Internationale) and British Equestrian with respect to the medication of horses used in competition. A full list of banned substances can be found on the FEI’s Clean Sport website. The RDA does however make certain exceptions to the FEI’s list of controlled and banned substances with respect to the population of horses engaging in RDA activities.

The use of these products is permitted at RDA National Championships provided that the horse is being treated for a specific diagnosis and is under the care of a veterinary surgeon, however their use at the Event and during the preceding seven days must be declared using this form. Use of these medications without completing this form may lead to disqualification. If you need help completing this form or have any questions please email vet.rda@gmail.com.

I declare that I will use the medication for:

Horse's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse's age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse's weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 RDA Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What discipline is the horse competing in? (Please tick all that apply)**

Dressage □ Carriage Driving □ Countryside Challenge □ Show jumping □ Vaulting □ Showing □ Endurance □

**Substance administered:**

1. **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):**

Phenylbutazone □

*(e.g. Equipalazone, Chanazone, Butagran Equi)*

Suxibuzone □

*(e.g. Danilon Gold)*

Flunixin □

*(e.g. Finadyne, Pyroflam, Allevinix, Cronyxin)*

Meloxicam □

*(e.g. Metacam, Rheumocam, Inflacam, Novaquin)*

Other □ Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Route of administration:**

Intravenous □

Oral □

Other □ Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dosage, date and time of administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If the horse has received more than one dose, or is routinely receiving NSAID medication please detail doses and frequency of administration above.

 e.g. "Injection by vet on 10th July followed by one sachet of Equipalazone twice daily for three days" or "Half a sachet of Danilon per day as ongoing treatment".

**Reason for treatment:**

Maintenance treatment for osteoarthritis □

Lameness □

Other □ Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Bronchodilator Drugs:**

Clenbuterol □

*(e.g. Ventipulmin, Dilaterol, Subestin)*

Salbutamol □

*(e.g. Ventolin Inhalers)*

**Dosage, date and time of administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If the horse has received more than one dose, or is routinely receiving bronchodilator medication please detail doses and frequency of administration above.

 e.g. "3 scoops of Ventipulmin twice per day as ongoing treatment", or “six puffs of Ventolin Inhaler twice per day”.

**Reason for treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PPID Medication (Cushing’s Disease):**

Pergolide □

*(e.g. Prascend, Pergoquin, Pergocoat)*

**Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

e.g. “Half a tablet, twice a day, ongoing”.

I confirm that the horse has been diagnosed with PPID (Cushing’s Disease) by a veterinary surgeon following one or more blood tests □

1. **Suppression of Oestrus (For Mares Only):**

Altrenogest □

*(e.g. Regumate Equine)*

**Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

e.g. “10mls of Regumate, once a day in feed, ongoing”.

I confirm that this product will only be handled and administered by people who have received the appropriate safety briefing, and will be wearing gloves when handling this product. Labelled, separate feed bowls will be used for this horse □

**Prescribing Veterinary Surgeon**

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

Practice name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the horse receiving any other medication, for this or another condition?

No □

Yes □

If Yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that the above information is accurate. I confirm that the use of this horse for RDA activities including the National Championships has been discussed with my vet. In the event that I feel the horse is unwell or requires additional medication (including an increased NSAID or bronchodilator dose) before or during the Event I will seek advice from the Event Veterinary Surgeon (which is available free of charge) or contact vet.rda@gmail.com. I understand that if I do not do so, and the horse is selected for Medication Control Testing then sanctions including disqualification may apply.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Person Responsible)

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_