NCHA
NATIONAL CUTTING HORSE ASSOCIATION

MEDICATION REPORT

NAME OF HORSE: _____

Age: _____ Sex: _____ Color: _____

Diagnosis of illness/injury: _____

Reason for administration: _____

Name of **MEDICATION** administered: _____

Amount administered: _____ Concentration/Strength: _____

Mode of administration (circle one): **Injected** **Oral** **Topical**

Date: _____ Time: _____

Name of administrating or prescribing* veterinarian: _____

(Please Print)

Signature of veterinarian, person administrating, or responsible agent (rider):

_____

*If prescribed, a copy of the prescription must be attached to this medication report.

OWNER: _____ RIDER: _____

ACEPROMAZINE: Only ONE report per horse per show is required as long as the amount administered is within the guidelines and is administered at least 1 hour prior to competition.

EMERGENCY: Emergency report must be filed with Show Management within ONE (1) hour of administration of emergency medication or if administered outside of show office hours it will need to be turned in within ONE (1) hour of Show Management availability.

NAME OF SHOW/LOCATION: _____

REPORT RECEIVED BY: _____ (SHOW MANAGEMENT)

DATE: _____ TIME: _____

260 Bailey Avenue • Fort Worth, Texas 76107-1862 • www.nchacutting.com • Phone: 817-244-6188 • Fax: 817-244-2015