



**AUTHORISATION FOR THE USE OF ALTRENOGEST, CYCLOSPORINE IMPLANTS
OR CYCLOSPORINE OPHTHALMIC PREPARATIONS FOR HORSES COMPETING AT
AERA RIDES**

The Person Responsible shall provide 2 copies of this form to the head veterinarian prior to the commencement of the pre-ride veterinary inspection for the horse. The Person Responsible shall retain 1 copy signed by the head veterinarian for their records. The head veterinarian shall pass the 2nd signed copy to the chief steward.

HORSE NAME:			
HORSE AERA LOGBOOK NO:		HORSE SEX	
NAME, DATE & DISTANCE OF THE RIDE:			

NAME OF THE PERSON RESPONSIBLE:			
I declare that the above horse is competing;			
<input type="checkbox"/> Whilst receiving altrenogest and I understand that the administration of altrenogest to geldings or stallions is an offence under the EADCMRs. Reason for treatment: _____			
<input type="checkbox"/> Whilst being treated with cyclosporine. <input type="checkbox"/> Left eye <input type="checkbox"/> Right eye			
Treatment type: <input type="checkbox"/> Implants <input type="checkbox"/> Eye drops/ointment			
Reason for treatment: _____			
Date of implant insertion: _____			
Name and location of Veterinarian: _____			
Product name, amount and frequency of eye drops/ointment: _____			
Print Name	Signature	Division Membership No.	Date

<u>Head Veterinarian to complete:</u>		
Print Name	Signature	Date

All horses are subject to testing for the presence of altrenogest and/or cyclosporine and other Prohibited Substances/methods under the AERA EADCMRs