

Agriculture House

Post: PO Box 1047 Hunters Hill NSW 2110 Street: 49 Gladesville Road Hunters Hill NSW 2110

Tel: (02) 9879 6777 Fax: (02) 9879 6043

In accordance with ASC Disciplinary Rules where the regulations of any recognised Show require, this form shall be completed for any Horse that has been administered/treated with any Medication, Drug or Substance **within 30 days prior to competing** in any recognised or Official Show where Drug Testing is being undertaken.

This form mus	t be submitted to	o the Swab Steward at the time of swabbing.	
Name of Horse:		Registered Number:	
Microchip Nun	nber:	Classes Entered:	
Name of Exhib	itor:		
Phone Number	r:		
Address:			
Reason For	Treatment:		
Name of Vet:			
Time	Date	Name & Type of Medication	Amount
	Date	Name & Type of Medication	Amount
	Date	Name & Type of Medication	Amount
	Date	Name & Type of Medication	Amount
	Date	Name & Type of Medication	Amount
	Date	Name & Type of Medication	Amount
	Date	Name & Type of Medication	Amount
Time Your attention Event. Lodging	is drawn to the	ASC DISCIPLINARY RULES that apply to any Agricu not release an Exhibit from being DRUG TESTED. Ar	ltural Society Official
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