

**ETUE 1 AUTHORISATION OF EMERGENCY TREATMENT**

A copy of this form must be supplied to the Person Responsible, and the Ground Jury. A copy must also be retained by the Veterinary Commission/Delegate. **Copy must be sent to FEI HQ within 14 days.**

Indicate discipline: Jumping, Dressage, Eventing, Driving, Vaulting, Endurance, Reining, Para-Equestrian

**FOR COMPLETION BY TREATING VETERINARIAN**

**TO BE COMPLETED IN CAPITAL LETTERS**

Event: ..... Date:.....  
Horse's name: ..... Passport no.: .....  
Person Responsible: ..... Nationality:.....  
Competition no.: ..... Stable no.: .....

Symptoms or condition requiring medication: .....  
.....

Medication (including dosage Active ingredient: (see label):.....

Route of administration:      topical                       oral                       subcutaneous   
   intramuscular                       intravenous                       rectal

Date and time of administration: .....

Name of Treating Veterinarian: ..... Signature: .....

**FOR COMPLETION BY THE VETERINARY COMMISSION/DELEGATE**

After examination of the above horse, I hereby authorise the treatment and consider that, to the best of my knowledge, the horse is FIT  UNFIT   
for participation/continued participation at this event.

Date and time of authorisation: .....

Veterinary Commission/Delegate: ..... Signature: .....

The horse is:      competing                       withdrawn                       post competition

**FOR COMPLETION BY THE PRESIDENT OF THE GROUND JURY**

In accordance with GRs Art. 143 & on the recommendation of the Veterinary Commission/Delegate, the above horse having received emergency veterinary treatment as indicated above:

MAY participate/continue to participate                       MUST be withdrawn

Date and time of signature: .....

Name of President of the Ground Jury: ..... Signature: .....

Number of entries in the event..... Final Placing of horse in this event.....