

RDA National Championships Non-Steroidal Anti-inflammatory
Drug (NSAID) Declaration Form



NSAID drugs such as "bute" are permitted at RDA National Championships under certain circumstances, 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 NSAID 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

Substance administered:

Phenylbutazone
(e.g. Equipalazone, Butagran Equi, Pro-Dynam)

Suxibuzone
(e.g. Danilon)

Flunixin
(e.g. Finadyne, Equinixin, Allevinix, Cronyxin)

Meloxicam
(e.g. Metacam, Rheumocam)

Other Please specify: _____

Route of administration:

Intravenous

Oral

Other Please specify: _____

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 below:

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

Reason for treatment:

Maintenance treatment for osteoarthritis

Lameness

Wound

Colic

Fever

Eye problem

Other Please specify: _____

Prescribing Veterinary Surgeon

Name: _____

Practice name and address: _____

Is the horse receiving any other medication, including intra-articular medication for this or another condition?

No

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 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: _____