

OFFICAL FORM FOR DECLARATION OF DRUGS ADMINISTERED

(This declaration is not valid unless completed in its entirety)

As required by the Food and Agriculture Code of California, Chapter 8, Division 11, Section 24011

EVENT INFORMATION			
Name of Event	Date of Event	Declared at (Time)	On (Date)

HORSE INFORMATION					
Entry Number(s)	Horse Name	Age	Sex	Color	Breed

DRUG(S) OR MEDICATION(S) INFORMATION			
Product Name	Amount	Route (Oral/Inject/Topical)	Size/Concentration/Strength
Purpose of Administration/Diagnosis		Time Administered	Date Administered

I fully understand that this horse must be withdrawn from competition or sale after the administration of a prohibited substance, and that the minimum withdrawal periods are 24 hours prior to competitions and 72 hours prior to public auctions.

Name of person administering drug (Print)	Signature of person administering drug		
Owner Name			
Owner Address		City, State, Zip	Phone Number

Prepare this form in triplicate and submit to event manager within one hour after administration of medication or within one hour of event manager's return to duty.

Name of Event Official Receiving this Declaration (Print)	Signature of Event Official Receiving this Declaration		
At (Time):	On (Date):		

Program Inquiries:
 Event Registration and
 Administration (916) 900-5045
 Drugs and Medications
 (916) 900-5039

White/original

Yellow/Duplicate
 Pink/Triplicate

State Copy (submit with Assessment Report
 within 15 days of event)

Event Copy
 Exhibitor Copy

76-027 (Rev. 01/19)

