



CALIFORNIA DEPARTMENT OF
FOOD & AGRICULTURE

Karen Ross, Secretary

Equine Medication Monitoring Program Order Form

Please indicate the number of items requested

in the box next to each item

Mail or email this order form to emmp@cdfa.ca.gov:

Item	How Many
Application to Register Equine Event (Form 76-024A)	_____
Drug Declaration Forms (Form 76-027)	_____
EMMP Address Labels	_____
Exhibitor Poster for Posting at Horse Shows or Competitions	_____
Consignor Poster for Posting at Public Horse Sales	_____
Event Manager Brochure	_____
Information for Exhibitors and Consignors	_____
Drug and Medications Guidelines Booklet	_____
Other	_____

Ship to:

Name _____

Mailing Address _____

City State Zip _____

Phone Number _____

76-213 (Rev 06/22)

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State of California
Gavin Newsom, Governor

