

**OFFICIAL 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

I hereby certify that the following is a complete list of all drugs or medication required to be declared.

NAME OF EVENT	DATE OF EVENT	DECLARED AT (TIME)	ON (DATE)
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**HORSE INFORMATION**

ENTRY NUMBER(S)	NAME	AGE	SEX	COLOR	BREED
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**DRUGS OR MEDICATION(S) INFORMATION**

NAME (1)	AMOUNT	ROUTE (ORAL/INJECT/TOPICAL)	SIZE/CONCENTRATION/STRENGTH
NAME (2)			
PURPOSE OF ADMINISTRATION / DIAGNOSIS (1)		TIME ADMINISTERED	DATE ADMINISTERED
PURPOSE OF ADMINISTRATION / DIAGNOSIS (2)		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I fully understand that this horse must be withdrawn from competition or sale after the administration of a prohibited substance, and that the minimum withdrawal periods are 24 hours prior to competitions and 72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 <u>X</u>
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OWNERS NAME \_\_\_\_\_

ADDRESS	CITY	PHONE ( ) --
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SIGNATURE OF EVENT OFFICIAL RECEIVING THIS DECLARATION <u>X</u>	AT (TIME)	ON (DATE)
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**PREPARE THIS FORM IN TRIPLICATE AND SUBMIT**      White / original      STATE COPY submit with Assessment Report  
 WITHIN ONE HOUR AFTER ADMINISTRATION OF THE MEDICATION      Yellow / duplicate      EVENT COPY  
 76-027 (Rev. 07/14)      Pink / triplicate      EXHIBITOR COPY  
 Program Inquiries Event Registration and Administration: (916) 900-5045      Drugs and Medications (916) 900-5039

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