

## **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 <a href="mailto:emmp@cdfa.ca.gov">emmp@cdfa.ca.gov</a>:

Lein .	HOW Wally
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	

CDFA/EMMP 1500 W. El Camino Ave #215 Sacramento, CA 95833 Telephone: 916-900-5045

emmp@cdfa.ca.gov www.cdfa.ca.gov

