

SUPPORTIVE INFORMATION

- Minutes from the October 31, 2013 Equine Medication Monitoring Program Advisory Committee meeting.
- United States Equestrian Federation (USEF), general rule, "GR 414 Prohibited Practices" effective December 1, 2013.
- Clinical Guidelines for Veterinarians Treating the Non-Racing Performance Horse, dated July 2011.
- EMMP Brochure dated January 2013, "Equine Medication Monitoring Program-Drugs and Medication Guidelines"
- Website article regarding a petition, Force Change, "Commending Crackdown on Horse Drugging at Competitions"
- Political News article, June 24, 2012, "Ann Romney's Horse Lawsuit-Over Drugging a Lambe Horse to Sell It"
- New York Times article, December 27, 2012, "Sudden Death of Show Pony Clouds Image of Elite Pursuit"
- New Jersey, Star-Ledger article, January 20 2013, "USEF moving to control over-use of medications in show horses"
- Arabian News World article, online library, March 2013, "Putting the Horse First"
- The Horse article October 15, 2013, "Badminton, Burghley Winner Produces Positive Drug Test"

**Equine Medication Monitoring Program Advisory Committee
October 31, 2013 Minutes**

Item
No.

(1) Call to Order

(a) The special meeting was called to order on October 31, 2013 at 8:00 a.m.

(2) Roll Call

Present:

Ms. Sandy Arledge, California Farm Bureau Federation
Ms. Tania Bennett, American Competitive Trail Horse Association
Dr. Greg Fellers, North American Trail Ride Conference
Mr. Robert Gage, California State Horsemen's Association
Dr. Marta Granstedt, California Veterinary Medical Association
Mr. William Hughes, International Arabian Horse Association
Dr. Michele LaMantia, Pinto Horse Association
Ms. Patricia Lincourt, California Professional Horsemen's Association
Ms. Charlea Moore, California Gymkhana Association
Dr. Jeanette Mero, American Endurance Ride Conference
Ms. Christine Oswald, Pacific Coast Cutting Horse Association
Ms. Lori Pfaff, Pacific Coast Quarter Horse Association
Dr. Russell Peterson, American Association of Equine Practitioners
Mr. Ronald J. Rhodes, U.S. Equestrian Federation
Mr. William Pettis, American Morgan Horse Association

Absent:

Ms. Leslie Berndl, Northern California Driving Club
Ms. Jo Ann Jackson, California Draft Horse and Mule Association
Dr. Chris Smith, Pacific Coast Horse Show Association
Ms. Julia Tarnawski, National Plantation Walking Horse Association
Ms. Sandee Proctor, California State Paint Horse Association
Ms. Maureen Van Tuyl, California Dressage Society

CDFA:

Dr. Katie Flynn, Staff Veterinarian Equine Programs
Nancy Ragen, Management Service Technician, EMMP

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(3) Proposed EMMP Regulations Review

Dr. Flynn provided a review of the legislative process and an update on the status of the Equine Medication Monitoring Program proposed regulations changes. The governor signed AB 1388 which authorized the EMMP to write specific regulations related to California's equine medication rule. Dr. Flynn presented the proposed regulations to the committee.

- Section 1280.1. Definitions: This section of proposed regulation elaborates on the definitions of therapeutic drugs and medicines, permissible drugs or medicines, and prohibited substances. Additionally, the proposed section clarifies the requirement that a drug or medication be administered specifically to treat a veterinarian diagnosed illness or injury.
 - Committee member discussed the term "established maximum detectable permissible level" and possible replacement with the term established maximum allowable permissible level. Dr. Flynn provided background on the origin of the terminology, namely legal basis of the phrase established in Food and Agricultural Code. The specific language in the code authorizes the laboratory to report the level of a substance detected. Based on the background information provided, the committee agreed to accept the "established maximum detectable permissible level" language of the proposed legislation.

- Section 1280.7. Random Testing: This section of proposed regulation outlines the actions of the owner or trainer or designee after selection by agent of the department. The proposed section defines non-cooperative actions warranting issuance of failure to comply violations.
 - No further discussion by committee.

- Section 1280.8. Therapeutic Medications and Drugs: This section of proposed regulations elaborates on the drug and medications regulations specifically related to prohibited substance withdrawal times of 24 hours before competition or 72 hours before public sale; the limited use of a single non-steroidal anti-inflammatory drug; the specified maximum permissible detectable plasma (or urine) levels and the prohibition of injectable substances within 12 hours of competition. The proposed language provides exceptions to the 12 hour injectable substance rule, such as the veterinary administration 10 liters of fluids, antibiotics, or dexamethasone under specified circumstances.
 - Committee members further discussed the "established maximum detectable permissible level" terminology and agreed to the use in the proposed regulations. Additionally, committee members discussed the proposed regulation of "A minimum of 10 liters of polyionic fluids be given therapeutically by a licensed veterinarian within 6-12 hours of competition." Dr. Flynn stated the United States Equestrian Federation's (USEF) Drugs and Medication Committee set proposed the level of fluids to be administered. The basis for the proposed 10 liter is to ensure that fluids are given for therapeutic purpose of significant dehydration. Committee members expressed concern that the amount may be excessive for a miniature horse. As USEF does not regulate miniature horses, they were likely not considered in the decision for the minimum amount of fluid to be administered. Based on the limited number of California miniature horse shows regulated by EMMP, the committee agreed, for the purpose of consistency with USEF, to approve the proposed minimum of 10 liters of fluid.

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- **General Discussion on Regulations:** Committee members discussed the need for consistency with the USEF. Dr. Flynn reported USEF rules change effective December 31, 2013. Committee agreed on the need for EMMP regulations and statute to be effective January 1, 2014.

MOTION: To approve the regulations as written and submission as emergency regulation package.

- **Unanimous vote to approve regulations as written and submission as emergency regulation package.**

(4) New Business

- Next meeting will be held in January 2014 at the Laboratory in Davis
- The meeting was adjourned at 8:38 A.M.

DRUGS AND MEDICATIONS

GR414

Board Approved: 7/22/2013

(035-13)

Effective Date: 12/1/2013

GR414 Prohibited Practices [CHAPTER GR4 Drugs and Medications] **add and renumber as necessary:**

GR 414 Prohibited Practices

1. No injectable substances may be administered to any horse or pony within 12 hours **prior to** competing, with the following three exceptions subject to paragraph 2 below:

- a. Therapeutic fluids, which amount must consist of a minimum of 10L of polyionic fluids; and which must be used in accordance with the manufacturer's recommendations and guidelines. The fluids must not be **supplemented** with concentrated electrolytes, such as magnesium.
- b. Antibiotics. Procaine penicillin G is prohibited under this exception.
- c. Dexamethasone. This is permitted **only** for the treatment of acute urticaria **-(hives) only**. The dose must not exceed 0.5 mg per 100 lb (5.0 mg for 1000 lb horse) if administered more than 6 hours and less than 12 hours prior to entering the competition ring, and **must** not exceed 1.0 mg per 100 lb (10.0 mg for 1000lb horse) within any 24 hour period.

2. The above exceptions are permitted only when (i) the substance is administered by a licensed veterinarian and no less than 6 hours prior to competing; and (ii) the "Trainer" as defined under General Rule 404 properly files, or causes to be properly filed, an Equine Drugs and Medications Report Form with the Steward/Technical Delegate or competition office representative within one hour after the administration of the substance or one hour after the Steward/Technical Delegate or competition office representative returns to duty if the administration occurs at a time outside competition hours. The Steward/Technical Delegate or competition office representative shall sign and record the time of receipt on the Equine Drugs and Medications Report Form.

Clinical Guidelines for Veterinarians Treating the Non-Racing Performance Horse



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www.aep.org**

Introduction

The non-racing performance horse competes in a wide range of athletic activities. A majority of AAEP members work with this type of horse during its years of training and competition. The AAEP recognizes that veterinarians need to be responsive to various discipline demands, which influence the ways in which they practice. However, irrespective of the influence current competition business/economic models may have on treatment protocols, the AAEP believes that appropriate treatment of performance horses requires accurate diagnostics and the development of evidence-based therapeutic regimens.

Non-specific treatment including multiple joint injections, without specific indication, is an example of under diagnosis and over treatment. Some horses are simply unable to perform effectively in today's intensive scheduling of competitions and may require periods of decreased activity as part of appropriate medical management. Ignoring the individual's needs while responding to the demands of the particular competition may lead to excessive treatment and failure to consider the best interests of the horse.

Veterinarians are trained to evaluate and manage performance-limiting problems, and when actively involved in the care of a horse, can provide expertise effective in preventing injuries resulting from training or competition and can help prolong a horse's career. The judicious use of therapeutic techniques and medications is at the core of successful veterinary intervention.

The current use of medications to manage competition horses is often permissive and excessive.¹⁻⁸ This environment is propagated by owners, trainers and veterinarians who fail to appreciate the potential harm to the horse inherent in the excessive or frivolous use of multiple medications and supplements in the quest for competitive success. Failure on the part of the primary care veterinarian to evaluate the supplement and medication menu of each individual horse can lead to inadvertent overdoses and antagonistic effects between compounds. The administration of medications, implementation of treatment techniques and the recommendation of nutritional supplementation should be based on thorough examination, the subsequent development of a differential diagnosis and a thorough understanding of the athletic and scheduling demands of the particular discipline in which the horse participates.

The mission of the AAEP is to improve the health and welfare of the horse, to further the professional development of its members and to provide resources and leadership for the benefit of the equine industry. The AAEP recommends these "Clinical Guidelines for the Treatment of Non-Racing Performance Horses" to enable its members and the equine industry to provide appropriate care of the horses involved. While veterinary practices may vary depending upon the type of competition, basic tenets concerning diagnosis, treatment and safe and ethical use of medications must be employed.

Treatment of equine athletes must be directed toward normalizing their performance and avoiding performance enhancement by illegal or unethical means. While veterinarians are required to follow the regulations governing the discipline in which their patients are

competing, participation in the establishment of these rules and regulations can be the most effective way to ensure that they are reasonable, uniform and give due consideration to the health and welfare of the horse.

Definitions

For the purposes of this document the following definitions apply:

complementary and alternative therapies: Acupuncture and chiropractic therapy, also called integrative therapies, which may be used alone or in conjunction with other medical therapies deemed in general to be more traditional or conventional.

desensitization procedure: The placement of a local anesthetic or other chemical agent adjacent to a nerve or within a synovial structure for the purpose of desensitizing a portion of the body, such as a joint, muscle, limb or tail.

extra label (off label) drug use: Use of a drug which is not approved for the horse or for a particular disease, but which has FDA approval for use in another species or for a different disease or route of administration. Off-label use does not apply in cases in which the product label prohibits a certain use or AAEP medication guidelines prohibit a certain practice for ethical reasons. Off -label use does not apply to illegally compounded products or to medical devices. All the criteria for therapeutic medications apply to off-label use.

extracorporeal shockwave therapy (ESWT): The application of acoustical shocks to bone or soft tissue to reduce inflammation, reduce pain and promote healing.

intra-articular (IA) injection: An injection intended to deposit medication into a joint space, such as the carpus, tarsus or fetlock.

intramuscular (IM) injection: An injection intended to deposit medication in the muscle.

intrahecal (IT) injection: An injection intended to deposit medication into a tendon sheath.

intravenous (IV) injection: An injection intended to deposit medication into the circulatory system by way of a vein.

medication: substances administered to horses for the purpose of preventing, treating or alleviating the clinical signs of disease or injury.

non-steroidal anti-inflammatory drug (NSAID): A drug which inhibits cyclooxygenase enzymes which are needed for the production of prostanoids and leukotrienes and which results in analgesic/anti-inflammatory effects.

performance-enhancing treatments: Medication intended to create a level of performance that is beyond the capability of the horse in its natural state.

prohibited medications: Those agents that can affect a horse's disposition, performance or appearance. These substances should not be administered internally or externally to a horse prior to or during an event except in a medical emergency under proper veterinary care and within competition regulations.

- Any stimulant, depressant, tranquilizer or sedative that could affect the performance of a horse. Stimulants and depressants are defined as substances that stimulate or depress the cardiovascular, respiratory or central nervous system.
- Any substance that might interfere with or mask the detection of a prohibited drug or medication.
- Any non-steroidal anti-inflammatory drug (NSAID) other than those allowed by the governing discipline.
- Any metabolite and/or analog of any of the above described forbidden drugs or substances.

soring (hypersensitization): The term used to define an intentional increase in sensitivity to a portion of the body.

subcutaneous (SQ) injection: An injection intended to deposit medication beneath the skin.

therapeutic medication: A drug or pharmaceutical used to control or cure a disease or disease process.

therapeutic procedure: a veterinary activity intended to treat disease or injury.

veterinarian-client-patient relationship: The veterinarian-client-patient relationship (VCPR) is the basis for interaction among veterinarians, their clients and their patients.⁹ A VCPR exists when all of the following conditions have been met:

- The veterinarian has assumed responsibility for making clinical judgments regarding the health of the horse(s) and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions.
- The veterinarian has sufficient knowledge of the horse(s) to initiate at least a general or preliminary diagnosis of the medical condition of the horse(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the horse(s) by virtue of an examination of the horse(s), or by medically appropriate and timely visits to the premises where the horse(s) are kept.
- The veterinarian is readily available, or has arranged for emergency coverage, for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen.

Medication and Treatment Guidelines

- All therapeutic treatments for performance horses should be based upon a specific diagnosis and administered in the context of a valid and transparent owner-trainer-veterinarian relationship.
- All therapeutic treatments for performance horses should be based upon a specific diagnosis and administered in the context of a valid veterinarian-patient relationship.
- All therapeutic medications should be administered to performance horses by or under the direction of a licensed veterinarian.
- All therapeutic procedures should be performed with a sufficient interval provided to allow evaluation of the response to treatment prior to competition.
- All treatments should be scheduled and administered with an underlying recognition that the health and safety of the horse are the ultimate objectives. Maintenance therapy is an inappropriate medical concept. Systemic and or intra-articular medication administered on a periodic basis must be based on a prior diagnosis with periodic monitoring of the diagnosed condition to determine the appropriate frequency of administration.
- Non-therapeutic or non-prescribed medications or substances should not be administered to performance horses by anyone. The use of some non-therapeutic substances prior to competition is considered unethical, i.e., as in the use of substances intended to produce a calming effect. Some of these substances may carry a risk of injury or illness for the horse.
- Veterinarians should not perform surgical procedures or injections of any foreign substance or drug that could affect a horse's performance or alter its natural conformation or appearance, except for those treatments or procedures, which have the sole purpose of protecting the health of the horse or are therapeutic.
- Understanding of regulations in specific competitions is imperative. Any medication administered prior to the day of competition should be done so in accordance with the rules of the competition and should not affect performance, behavior, normal movement or inhibit the physiologic response which protects the horse from injury.
- No medication should be administered to a horse within 12 hours prior to competition.
- Only one (1) Non-Steroidal Anti-inflammatory Drug (NSAID) should be permitted in plasma or urine samples collected for testing purposes.

- The AAEP recognizes that the judicious use of intra-articular medications with a valid veterinarian-patient relationship is appropriate treatment and can benefit a horse's health and well being. The AAEP defines this relationship to be a clinical or lameness examination with appropriate diagnostic tests prior to initiation of a therapeutic plan. Clinicians treating performance horses in the competitive environment are encouraged to develop treatment regimens, particularly with reference to the use of IA corticosteroids, which allow adequate evaluation of the horse's response to treatment prior to competition.
- Intra-articular use of local anesthetics is indicated for diagnostic procedures only. Under no circumstances should the intra-articular, intrathecal or subcutaneous administration of anesthetic agents be permitted within 24 hours prior to competition.
- Subcutaneous or intramuscular injection of drugs or substances including corticosteroids and pitcher plant extract should only be used as analgesics in conjunction with a specific diagnosis. Timing of these treatments should provide an adequate opportunity for the evaluation of treatment results and should be prohibited within 24 hours of competition.
- Anabolic steroids should not be present in therapeutic levels in the performance horse at the time of competition. Their use during rehabilitation from illness or injury is recognized as valid; however, adequate withdrawal periods prior to competition to insure their absence are vital.¹⁰

Adjunctive Therapeutic Treatments:

- 1. Extracorporeal Shockwave Therapy:** The extent and duration of the analgesic effect of ESWT is a matter of controversy. AAEP recommends that shockwave therapy should not be used within 5 days prior to competition.
- 2. Acupuncture & Chiropractic Therapy:** The AAEP recommends that integrative therapies be based upon a valid medical diagnosis, be administered by or under the direct supervision of a licensed veterinarian and be documented in the horse's medical record. (http://www.avma.org/issues/policy/comp_alt_medicine.asp)
- 3. Cold therapy:** Cooling with ice and water is a valid treatment when prescribed for a specific condition. Machines that can cool below 0 degrees C (32 degrees F) should not be used.

Documentation of Veterinary Procedures

Medical record: All medical treatments and procedures performed on horses in competition or training should be documented in the horse's medical record. One medical record should be kept for each horse and this should be available, with the owner's or owner's representative's permission, to all veterinarians treating the horse. Medical records should include the results of the examination, a working diagnosis and specific treatments including dosages and routes of administration of medications. Documentation of the use of all prescription drugs should conform at a minimum to the requirements of the applicable state's veterinary practice act.

Infectious disease control: Management of infectious disease at competitions and horse sales is a high priority for the general health of the horses. Practicing veterinarians and regulatory veterinarians should work together with competition management to identify index cases of infectious disease and provide a plan, including an isolation area, for containing an outbreak and managing affected horses in order to protect the population at large. The AAEP guidelines for management of infectious disease may serve as a model for disease control practices. (http://www.aaep.org/infectious_control.htm)

Iatrogenic transmission of disease: In consideration of the potential for transmission of infectious disease (e.g. Piroplasmosis, Equine Infectious Anemia, Equine Influenza, Strangles, and Equine Herpes Virus) by contaminated needles and syringes and multiple horse contact, the AAEP recommends that practitioners do not reuse needles, syringes or any equipment that might be contaminated with blood or other body fluids.

Drug compounding: Legal drug compounding requires a valid veterinarian-client-patient relationship and compounded medications can only be used when there is no equivalent FDA-approved drug or medication available. The veterinarian should limit the use of compounded drugs to unique needs in specific patients. Further, medication withdrawal times are calculated only for FDA-approved medications. For this reason, use of compounded medications in the performance horse competition environment is accompanied by an increased risk for drug overage, which has resulted in fines from regulatory agencies and legal exposure for the treating veterinarian. The lack of quality control for compounded medications may result in errors in dosage and has resulted in therapeutic failure or toxicity. (https://www.aaep.org/drug_compounding.htm)

Extra label

Off-label (extra label) medication is the use of an FDA-approved product for a condition other than that for which it is labeled for use in another species. Off-label use does not apply in cases where the product label prohibits a certain use or where AAEP medication guidelines prohibit a certain practice for ethical reasons. By definition, off-label use does not apply to compounded products or medical devices. All the criteria for appropriate use of therapeutic medications apply to off label use.

(<http://www.fda.gov/AnimalVeterinary/NewsEvents/FDAVeterinarianNewsletter/ucm100268.htm>)

<http://www.aaep.org/images/files/White%20Paper%20on%20Medical%20Devices%20in%20Equine%20Medicine.pdf>

Guidelines developed by the AAEP Task Force on Medication in the Non-Racing Performance Horse:

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Approved by the AAEP Board of Directors, July 2011.

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2. Baldwin J. Welfare issues with the carriage horse. Chapter in Equine Welfare, ed. CW McIlwraith and BE Rollin, Blackwell-Wiley, London, 2011; pp 394-407.
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Equine Medication Monitoring Program Drugs and Medication Guidelines

January 2013

History

The California equine industry sponsored legislation in 1971 to prevent misuse of drugs and medications in equines (horses, mules and donkeys) in public shows and sales. The resulting law is found in the Food and Agricultural Code (FAC), Sections 24000-24018. The Equine Medication Monitoring Program (EMMP), managed by the California Department of Food and Agriculture, monitors horses in public show, competitions and sales through random blood or urine sample collection for chemical analysis. The intent of the EMMP is to ensure the integrity of public horse shows, competitions and sales through the control of performance and disposition enhancing drugs and permitting limited therapeutic use of drugs at horse shows and competitions. To fund the EMMP, event managers collect a fee of \$5.00 for each horse being entered in a show/competition or being consigned to a sale

California Equine Medication Rule

The FAC outlines the California equine medication rule for horses in public shows, competitions and sales. Horse exhibitors and consignors must comply with both the California medication rule and any sponsoring organization drug and medication rule for an event. ***The more stringent medication rule applies for the event.***

This document provides guidance on the California equine medication rule, which prohibits use of certain drugs or drug combinations, yet accommodates specific legitimate therapeutic use of medications within specified parameters. A licensed veterinarian must administer or prescribe the administration of prohibited substances and nonsteroidal anti-inflammatory drugs (NSAIDs) to horses at public shows and competitions

Permitted Therapeutic Usage

Therapeutic use of topical and oral cortisone products (eye, ear and hive preparations) is permissible when administered or prescribed by a licensed veterinarian. Since the potential exists for these products to contain prohibited substances, use with caution if the ingredients and quantitative analyses of the product are not specifically known.

Prohibited substances are drugs or medications that affect the performance or disposition of the horse, mask or interfere with laboratory testing for chemicals, or are metabolites or derivatives of a prohibited substance.

Categories and Examples of Prohibited Substances
(This list is not comprehensive):

- **Stimulants**
amphetamines, apomorphine, dexedrine, caffeine, desoxyephedrine, ephedrine, metrazol, benzedrine, clenbuterol, etorphine, ritalin, epinephrine, sublimaze, cocaine
- **Depressants**
alfentanil, barbiturates, codeine, chloral hydrate, morphine, ketamine (Ketaset®, Ketalar®), phenothiazine
- **Tranquilizers**
acepromazine maleate (Acepromazine, Promace®) promazine hydrochloride (Promazine®)
- **Anesthetics**
halothane, isoflurane, methoxyflurane, enflurane, nitrous oxide, barbiturates, ketamine hydrochloride
- **Local anesthetics**
lidocaine, xylocaine, butacaine sulfate, mepivacaine, benzocaine, bupivacaine
- **Sedative Analgesics**
xylazine (Rompun®), butorphanol (Torbugesic®), detomidine (Dormosedan®)
- **Anabolic steroids & Corticosteroids**
boldenone undecylenate (Equipoise®), stanozolol (Winstrol V®), nandrolone, cortisone, hydrocortisone, prednisone, prednisolone, methylprednisolone, fluoroprednisolone, dexamethasone
- **Masking Agents**
thiamine (large amounts)
- **Soring Agents**
kerosene, diesel fuel, oil of mustard.

Note: Detection of prohibited substances or NSAIDs in a horse sold at a public sale is a violation of the California Equine Medication Rule.

Therapeutic administration of NSAIDs to horses before and during registered horse shows and competitions is acceptable if the NSAID dose or combined doses of not more than two NSAIDs do not exceed the maximum detectable regulatory limits in plasma. Note: Detection of phenylbutazone and flunixin in the same sample is a violation.

Continued on next page

Permitted NSAIDs:

- **Phenylbutazone (Butazolidin®)**
- **Flunixin (Banamine®),**
- **Ketoprofen (Ketofen®),**
- **Meclofenamic Acid (Arquel®),**
- **Naproxen.**

Drugs not listed here are prohibited medications under the California Equine Medication Rule and require a 24 hour withdrawal period.

Permissible NSAID Levels in Show Horses

The maximum permissible plasma drug levels (micrograms/milliliter) from horses at shows are:

- | | |
|---------------------|-------|
| • Phenylbutazone | 15.0 |
| • Flunixin | 1.0 |
| • Ketoprofen | 0.250 |
| • Meclofenamic Acid | 2.5 |
| • Naproxen | 40.0 |

Drug Declarations

A licensed veterinarian may administer or prescribe the administration of a prohibited substance or NSAID to a horse at a show or competition.

An exhibitor/trainer must complete and file a Drug Declaration (Form 76-027) with an event manager for any horse at an event that has received a prohibited substance or NSAID within the three (3) days before the day being shown.

A consignor must complete and **file a Drug Declaration** (Form 76-027) with an event manager for **any horse that has received a prohibited substance or NSAID within the five (5) days before the day of the sale.**

Withdrawal from Sale or Competition

- A horse that has been given a **prohibited substance** must be withdrawn from **show or competition for a minimum of 24 hours after** administration of the prohibited substance.
- A horse that has been given a prohibited substance or NSAID cannot be sold at a public sale for a minimum of 72 hours after administration of the prohibited substance or NSAID.
- The horse must be withdrawn from show or competition for 90 days following the administration of an anabolic steroid.
- The horse must be withdrawn from show or competition for 45 days following administration of reserpine or fluphenazine.

Suggested Maximum Dosing Regimens for Permitted NSAIDs

Butazolidin® (phenylbutazone) and **Banamine®** (flunixin) cannot be used simultaneously.

- When either drug has been administered within 7 days of competition, the use of the other is prohibited.

Butazolidin® (phenylbutazone)

- For a 1000 pound horse, administration should not exceed two (2.0) grams/day.
- No part of a dose should be given less than 12 hours before competition.

Banamine® (flunixin)

- For a 1000 pound horse, administration should not exceed more than one (1) 500 mg. packet of granules/day or 500 mg. of oral paste/day, or an injection of 10 ml of a 50 mg/ml solution/day.
- No part of a dose should be given less than 12 hours before competition.

Ketofen® (ketoprofen)

- For a 1000 pound horse, administration should not exceed more than one (1.0) gram/day.
- No part of a dose should be given less than 4 hours before competition.

Arquel® (meclofenamic acid)

- Administration should not exceed more than one (1) 500 mg. packet of granules/12 hours.

Naproxen

- For a 1000 pound horse, administration should not exceed more than eight (8) 500 mg. tablets/day.
- No part of a dose should be given less than 12 hours before competition.

NOTE: Drugs not listed above are prohibited medications under the California Medication Rule.

For more information:

Equine Medication Monitoring Program
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EMMP@cdfa.ca.gov

http://www.cdfa.ca.gov/ahfss/Animal_Health/emmp/

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Commend Crackdown on Horse Drugging at Competitions

Posted by [Laura Leitch](#)

Target: United States Equestrian Federation

Goal: Commend the United State Equestrian Federation for cracking down on horse drugging at competitions

The United States Equestrian Federation has come under fire for not doing enough to stop drugging at competitions. Drugging to enhance performance, especially in the Hunter ring, where a slow, easy, way of going is desirable, has become a major issue at horse shows in the past few years.

Recently, however, United States Equestrian Federation has passed a rule at their mid year meeting that all injections must be administered by a licensed veterinarian, which had not been the case in the past. The rule stated: "No injectable substances may be administered to any horse or pony within 12 hours prior to competing, with the following three exceptions..." The three exceptions are: intravenous fluids for dehydration, the use of procaine penicillin as an antibiotic, and dexamethasone for treatment of hives. The three exceptions must be given at least six hours prior to the start of competition and must be administered by a veterinarian. If the medications are given between six and 12 hours of competition, a medication form must be filed.

This rule is a great step forward for the problem of drugging. Before the rule change, supposedly guilty trainers could say that what was in the injection they gave the horse was not on the forbidden

substance list. For some drugs, there was no way to tell they were injected. With the passage of this rule, trainers who inject a horse are automatically guilty, since it is illegal to inject a horse, no matter what was in the needle.

“I know we’re going to see completely covered grooming stalls,” Bill Moroney, president of United States Hunter Jumper Association and vice president of the national affiliates council of USEF stated. “We’re not going to be able to stop that. It’s going to be ludicrous when you see it. But there’s an awareness out there now that when that happens, someone’s going to say, ‘That barn has a completely covered grooming stall. Maybe I don’t want my horse in that barn.’ There’s going to be some in-the-field figuring it out that’s going to have to go on. But does this rule benefit us as sport even though it does have some potential issues that exist? Do the benefits outweigh the negatives? What can we do to overcome as many negatives as possible?”

Many owners have claimed ignorance to the fact that their horse was drugged to compete. With this rule, and completely covered grooming stalls, the owners will get a clue that the barn may not be on the up and up. The new rule increases awareness from the entire horse show community and will hopefully help to put an end to drugging by supporting “clean” trainers.

Another rule was also passed at the mid-year meeting. It makes mandatory the reporting of a horse or pony’s collapse. This rule will also help to crack down on drugging, since many substances make the horse feel woozy or not entirely aware. Some substances, especially when given in overdose, will make a horse collapse as it hits the bloodstream. As someone stated at the meeting: “Apparently healthy horses do not just fall down. There is a reason.” This rule was sparked by the horse Parkland’s collapse at a major horse show.

The United States Equestrian Federation is clearly trying to make changes in the horse show world. These rules make a big difference in the ease to drug and get away with it. Now horse owners and competitors alike will know which trainers are “clean” and which are cheating. Hopefully, this will lead to a cleaner sport down the road. Commend the United States Equestrian Federation for making these rule changes to help competing horses.

PETITION LETTER:

Dear United States Equestrian Federation,

Thank you for passing the rules to make injections illegal unless given by a vet and making reporting a collapse mandatory at the mid-year meeting. These rules will make a difference in the horse show community’s ignorance of the drugging going on around them, and will make the number of horse deaths and injuries decrease.

Making injections illegal is a big step towards a cleaner sport. Hopefully, this alone will go a long way towards preventing collapses, but making people report a collapse will also go a long way towards stopping drugging. With your federation’s watchful eye on the barn of the collapsed horse, it will hopefully discourage others from “drugging to win.” I commend you for making this big step for the horses’ welfare.

Sincerely,

[Your Name Here]

Photo credit: carterse via Flickr

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NEWS

Ann Romney's Horse Lawsuit-Over Drugging a Lamé Horse to Sell It

June 24, 2012

As if we don't know by now, The Romney's are not like most Americans, they invest in a rich man's sport called dressage and some morally depraved horse trading.

Specifically, Ann Romney's horse trading experience, includes a lawsuit against her for selling a drugged up horse to a prospective buyer. The horse's name is Super Hit and the horse was lame, she sold it to a woman named in the law suit as Catherine Norris.

Ann Romney sold the horse according to court papers, that was lame due to "it's coffin joint abnormality in the left front leg". The veterinarian term is called: exostosis that causes chronic pain and is debilitating to the horse.

Plus, the horse had a secondary lameness injury in the right front leg, enduring physical pain for five years while being trained for dressage under the influence of steroid drugs. It is possible, the horse had more physical injuries by the training period between 2003 and 2008, which would increase the lameness and abnormalities of the Romney horse, Super Hit.

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Mrs. Norris filed a lawsuit against Ann Romney in Ventura County, California after being sold a lame horse. Norris filed against: Jan Eberling, Amy Eberling, Amy Roberts, **Ann Romney**, Dr. Doug Herthel, DVM, Alamo Pintado Equine Clinic, Inc., and Alamo Pintado Equine Medical Center.

According to the expert veterinary testimony of Dr. Stephen Soule VMD who has practiced veterinary medicine for 38 years, and who has examined thousands of competition horses, his testimony included this:

- 1)The horse was injected with repeated drugs and steroids in the left front joint between 2003 and 2008 for five years.
- 2) Anyone with any competence would know the horse was suffering from a significant degree of abnormality and that the horse was not physically sound for the five years.



3)The American Association of Equine Practitioners (AAEP) has information regarding the sale of horses and pre-purchase examinations. Professional guidelines include: The six D's: Discovery, Documentation, Disclosure, Discussion and Decision and Deposition involving the sale of a horse to a

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buyer. 4) On the day of examination for the sale, Super Hit was given three sedative/pain killer medications and one narcotic.

In his 38 years of practice, Dr. Soule had never seen "a horse given so many drugs at the same time". The buyer was not given this information in the testimony given, but showed up in a toxicology report. The drugs were give to present the horse in a different light, to mask the lameness.

Ann Romney continued to show the horse, and the horse's scores went down during those years, she could have retired the horse and ensured it was not in pain but then she sold it to Catherine Norris in February of 2008.



The Dressage President Mitt Romney

He also mentions in his testimony, that Ann Romney did not have insurance for the lameness in the left front coffin joint in her Equine Insurance policy. The testimony also includes the fact that strenuously training the horse for dressage showings made the horse's condition worsen to developing ringbone a debilitating disease. The entire court document can be read [Here](#)



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The Horse Hobby Dressage, a Romney tax write off

The Romney's employed a German trainer, Mr. Ebeling who continues to work for the Romney dressage business which is also used as a tax deduction. The case was settled out of court. NY Times

Tags: Ann Romney sold a lame

Ann Romney's Dressage Lame Horse incident

Ann Romney's horse Super Hits was drugged for 5 yrs before she sold it

Ann Romney's Horse Trading

drugged up horse to an unsuspecting buyer

The Drugged Dressage Horse-Ann-Romney

The New York Times

December 27, 2012

Sudden Death of Show Pony Clouds Image of Elite Pursuit

By WALT BOGDANICH

Early on the morning of May 26, Kristen Williams and her daughter, Katie, arrived at a barn on the grounds of the Devon Horse Show, where elite competitors in full dress have entertained spectators for the last century on Philadelphia's Main Line.

Ms. Williams had paid thousands of dollars to lease a pony for Katie to ride in a hunter competition, a 12th birthday present. Soon after arriving, their trainer left to administer an injection to a nearby pony, Humble, that Katie's friend, also celebrating her 12th birthday, was scheduled to ride shortly.

Moments later, with Ms. Williams and her daughter watching, Humble collapsed and died. The death of a supposedly fit pony about to carry a young rider over hurdles was worrisome by itself, but circumstances surrounding the death made it even more so.

In the three days before Humble died, he had been scheduled to receive 15 separate drug treatments, including anti-inflammatories, corticosteroids and muscle relaxants, according to his medication chart.

"The average horse that walks in my clinic here doesn't get anything like that," said Dr. Kent Allen, chairman of both the veterinary and the drugs and medications committees of the United States Equestrian Federation, the sport's nonprofit governing body. "It gets a diagnosis and then gets a very specific, appropriate treatment."

The horse-racing industry has openly debated the influence of drugs on the safety and integrity of the sport, and has taken significant steps this year to minimize it. But in the cloistered equestrian world, medicating horses has attracted much less public attention.

Since 2010, random drug tests at various equestrian events, including the Olympic trials, have uncovered dozens of violations for substances like cocaine, antipsychotics, tranquilizers and pain medication — even ginger placed in a horse's anus to make its tail stick out.

While show-horse trainers have abused some of the same drugs that have caused problems in racing, the Equestrian Federation has lagged behind in regulating how they are

administered. Now, the circumstances surrounding Humble's death have become a rallying point for those who believe that the federation should more aggressively investigate drug use.

The federation says it responds promptly to drug concerns, citing its decision in February to ban a popular but potentially lethal drug that sedates horses, making them more manageable during competition. The group has also limited the use of anti-inflammatory drugs in competition. It randomly tests 10,000 to 12,000 horses annually. "We constantly look at issues in our sport and try to be proactive," Dr. Allen said.

Still, a review by The New York Times of federation records, police reports and interviews with veterinarians and others in the sport shows that despite its best intentions, the federation is ill prepared to deal with episodes like Humble's death.

At racetracks, only veterinarians are allowed to administer intravenous drugs, but on show grounds anyone can stick a needle into a horse before it performs. A year ago, the sport's top veterinary group recommended that no horse receive drugs within 12 hours of competition. The Equestrian Federation has yet to adopt that rule. Humble was injected roughly two hours before competition, records show.

The federation also has no detailed protocol on how to respond when a horse dies on show grounds. In Humble's case, there was no requirement that the vial and syringe be retained so its contents could be tested. And the federation relied on the mother of a competitor who saw Humble fall to collect evidence, hire a lawyer, and file a formal protest.

The federation, often referred to by the acronym USEF, convened a hearing panel, but it had no subpoena power and could not compel Humble's trainer, Elizabeth Mandarino, to fully answer questions about the pony's medical care, records show. The panel ultimately dismissed the protest, saying it did not have enough information to conclude whether Ms. Mandarino had violated federation rules.

Ms. Mandarino declined to be interviewed for this article, but her lawyer said in a statement that she had done nothing wrong, and that Humble had most likely died from an undiagnosed lung disease.

Federation officials point out that equestrian events run largely by volunteers cannot be compared to state-regulated horse racing, where access to the horses can be tightly controlled.

Even so, responding to questions from The Times, the federation's chief executive, John Long, said in a statement, "It is clear that the Mandarino case has highlighted significant limitations in the USEF's rules and procedures governing our investigative powers."

The group, which oversees about 2,500 events each year, has assembled a task force to investigate safety issues stemming from Humble's death, so that "the federation does not find its hands tied in the future when a matter of animal welfare like this presents itself," Mr. Long said.

Much of the concern about drugs centers on hunter competitions, where young riders and future Olympians develop their skills.

"This is only a ticking time bomb," said Julie Winkel, who runs a stable and has judged major shows nationally. "It's not only the wrong thing to do for the horses, but I think it's a very dangerous situation that we have created for the rider, handler, even grooms."

Calming the Horses

More than blue ribbons and prestige are at stake in equestrian competitions. Horses that win big events increase in value, rising into the hundreds of thousands of dollars.

Hunters are judged subjectively, with an emphasis on well-mannered horses that jump safely and smoothly over fences. Temperamental horses with unnecessary movement or exuberance show poorly. Time is not an issue.

For these reasons, calming drugs and supplements are popular on the hunter circuit, even though drugs that influence a horse's behavior are banned in competition.

Calming drugs allow horse owners to lease their animals to less skilled riders willing to pay thousands of dollars to compete. As one owner said, "It's like putting training wheels on a horse."

They also stunt the development of many young riders, according to George H. Morris, the show jumping chief of the United States Olympic team.

"There is more and more medication, more exhausted horses, and more incorrectly ridden horses," Mr. Morris said at a federation forum last year.

Besides creating an uneven playing field, some calming drugs can endanger horse and rider, and be difficult to detect in post-competition testing.

A prime example: an injectable calming supplement called Carolina Gold. The federation first heard of it from competitors early in the summer of 2011, according to Dr. Stephen Schumacher, the federation's chief veterinarian.

"The reason people were talking about it was because they were tired of getting beat by people using this substance," he said. "We were also hearing reports of horses falling down."

The federation learned that Carolina Gold had been used in horse racing, and that a veterinarian in South Carolina, Dr. Juan Gamboa, a rider and competitor himself, had been among those selling it. At the time the drug had not been banned in competition. Dr. Gamboa, who did not respond to requests for an interview, has served as a veterinary delegate for the Fédération Equestre Internationale, the sport's international governing body.

To see how Carolina Gold affected horses, federation officials injected one with the substance. "The horse nearly collapsed," Dr. Schumacher said. "It starts shaking and was really out of it." The reaction was so worrisome that the attending veterinarian refused to test it on any more horses.

The federation now knew the drug was dangerous, but there was a problem: it was undetectable in horses.

Dr. Alex G. Emerson, a Kentucky veterinarian who blogs about horses, wrote this year that he had long worried about Carolina Gold's "narcoleptic" effect. "How can half-asleep horses jumping three-foot wooden fences with a live human on their back be considered safe?" he wrote.

The federation eventually did develop a test for Carolina Gold and this year banned the sedative from competition. Within months, the drug had dropped in price to the point where "you couldn't give that stuff away," said the federation's Dr. Allen.

Not everyone heeded the warning. The federation recently fined and suspended two trainers for using the active ingredient, a tranquilizer, in Carolina Gold and has other cases pending.

Another calming substance that worries the federation is injectable magnesium sulfate.

"It is readily available on the lay market," said Dr. Midge Leitch, a veterinarian on two federation committees. "We've had a couple of quote-unquote suspicious deaths at performance horse competitions, which were probably related to inappropriate administration, either too fast or too much, which have an effect on heart rate and rhythm."

The federation says it cannot yet test for abnormal magnesium levels, partly because magnesium, unlike Carolina Gold, occurs naturally in the body.

“It has a low margin of safety and can cause toxicity at doses that are not much higher than those used to produce a sedative effect,” said Dr. Rick Sams, who runs the drug testing lab for the Kentucky Horse Racing Commission.

The Equestrian Federation says magnesium in oral form does not affect performance. Yet marketers of oral supplements that include magnesium say otherwise. The makers of “Perfect Prep” products recommend using its “Extreme Formula” 90 minutes before a performance without fear that it will be “detectable as a foreign substance by the laboratory tests run by the governing bodies of high-level equine events.”

The company's Web site included testimonials from trainers praising the formula's calming action. “Nice horses become even nicer and even the tough ones melt,” one trainer says.

Heavy Medication

A week before Devon, Kristen Williams took Katie, her daughter, to a Florida show to try out Royal T, the pony she planned to ride at Devon. Katie's friend Katie Ray had also traveled to Florida to try out her pony, Humble. Both ponies were owned and trained by Ms. Mandarino.

Afterward, Ms. Williams said she was surprised that Ms. Mandarino's invoice listed \$435 for unidentified “supplements.” Katie Ray's mother, Carrie, had been billed \$250 for unidentified supplements, records show.

At Devon, the following week, Ms. Williams came across the list of 15 scheduled drug administrations. All the drugs were legal. Saying she was shocked to see the horse so heavily medicated, Ms. Williams snapped a picture of the list with her cellphone. The following day, Humble collapsed and died after receiving another injection, this one not listed on the chart.

When told of the list of drugs, Dr. Rick Arthur, chief veterinarian for the California Horse Racing Board, said, “The treatment seems intensive even by racetrack standards, but I am unfamiliar with show-horse practices.”

Dr. Allen, who has extensive show-horse experience, said most veterinarians he knew could not imagine using all these drugs, “particularly large amounts of them in multiple combinations.”

The federation is realizing, he said, "that a very few trainers or owners are out there envisioning themselves as the veterinary managers of these horses, and they are giving a lot of medication with a small, very small, amount of knowledge, and to us that's scary."

Ms. Mandarino, who is not a veterinarian, told the police that she had given the pony the final injection. But according to a report filed by a federation steward, Carrie Ray, the mother of Humble's rider, said Ms. Mandarino implicated a groom, saying he must have missed the vein and hit an artery. Ms. Mandarino has said the medicine was Legend, used to treat joint problems.

"Does it bother me that somebody injected a horse that close to competition? Yes, it does bother me," said the federation's Dr. Schumacher. "We've got to find a way to enforce whatever we want to put in place to curb that behavior."

The burden for investigating Humble's death fell largely to Ms. Williams, who described herself as a relatively inexperienced "pony mom."

"What if Humble had made it to the ring and collapsed with Katie on his back?" Ms. Williams stated in her protest filing in June. "I am extremely concerned for the welfare of the animals and the innocent children that could potentially be victims."

In his statement to The Times, Mr. Long of the federation emphasized that without subpoena power, its inquiries relied on members' voluntary cooperation. He pointed out that Ms. Mandarino, through her lawyer, had refused to comply with requests for information and documentation of all substances given to Humble in the week before he died, and had even challenged the federation's right to make the request.

Ms. Williams helped gather statements for the hearing from people who said they had seen Ms. Mandarino giving injections to horses.

In one statement, Dina Hanlon-Fritz said that her daughter, who worked for Ms. Mandarino for two months in early 2011, had seen the trainer "injecting the ponies twice a day every day so they would behave in the show ring." According to the statement, Ms. Mandarino would yell at Ms. Hanlon-Fritz's daughter because she "wasn't able to get the blood off of the white ponies after so many injections."

In another statement, Nancy Baroody said that while boarding her pony with Ms. Mandarino earlier this year, she saw her administer an injection just before the start of a 7 a.m. show. "I walked out of the tent area in disgust," Ms. Baroody said.

And Wendy Brayman wrote that while she was with her daughter, who rode Humble in 2011, "just about everyone" associated with Ms. Mandarino was administering medicine. "I was often asked to get medicines from her drug chest," including Carolina Gold and magnesium, Ms. Brayman said.

Ms. Mandarino did not attend the hearing, citing a death in the family. Instead, she produced statements attacking the motives of her critics and offering praise from clients, federation members and veterinarians.

Ms. Mandarino always provided "the utmost care in veterinary medicine" for her ponies, wrote Alexis G. Newman, a federation member. Ms. Mandarino also produced statements from suppliers saying they had not sold her Carolina Gold or other banned substances.

A post-mortem exam of Humble found an anti-inflammatory and a muscle relaxant, though not in excessive amounts, and no illegal drugs. In addition to emerging lung disease, the exam concluded that the pony could have died from "an overwhelming allergic response to medications or environmental triggers," but said that was "speculative and impossible to confirm."

In the end, the federation hearing panel dismissed Ms. Williams's protest, saying it did not have enough evidence to decide if rules had been broken.

Ms. Mandarino filed an unsuccessful complaint against the federation's general counsel with the Kentucky Bar Association and has filed a lawsuit accusing an online publication, Rate My Horse PRO, and various individuals of conspiring to harm her business. Rate My Horse PRO, which says it is an advocate for horses, has filed papers seeking to have that lawsuit dismissed.

A growing number of people in the horse world see another way of thinking about a horse's behavior in the show ring. One approach that would reduce the incentive to medicate would be to change the judging criteria for hunters, said Ms. Winkel, the horse show judge and chairwoman of the officials committee for the United States Hunter Jumper Association.

This year, Ms. Winkel's committee called for judges to stop rewarding horses for robotic conformity.

"People are realizing that it's O.K. if horses are a little fresh and a little happy," Ms. Winkel said, adding, "Why don't we take a little more time and train these horses properly and educate their clients and give them better horsemen skills, other than to bring out a needle and a syringe every time we have a horse show."

Joe Drape contributed reporting.



USEF moving to control over-use of medications in show horses

Nancy Jaffer/For The Star-Ledger By Nancy Jaffer/For The Star-Ledger

on January 20, 2013 at 12:14 AM, updated January 20, 2013 at 12:43 AM

LOUISVILLE, Ky. -- A determined initiative to curtail "permissive and excessive" use of medication in managing competition horses took shape at a productive U.S. Equestrian Federation annual meeting, with plans for a variety of ways to handle the situation.

The hottest topic at the convention, which ended yesterday, was the abuse of drugs and supplements. Although the USEF has a sophisticated testing program for prohibited drugs, some people still aren't discouraged from trying an end run around it.

One strategy involves using substances that will "calm" horses, particularly in the hunter ring, where a quiet demeanor is valued. Gaba, a neurotransmitter that inhibits the sense of fear and anxiety (often marketed as Carolina Gold), was among the chief offenders until a test was developed for it last year. Four cases were adjudicated, two are still in the pipeline.

A hunter task force was scheduled to meet last fall on the situation, but Superstorm Sandy intervened. The task force has been rescheduled for mid-February.

In recent years, show hunters have been penalized for freshness, such as a feeling-good head toss or a squeal. Although the



Rich Fellers, the first American to win the World Cup show jumping finals in 25 years, last night was named the U.S. Equestrian Federation's Equestrian of the Year, while his mount, Flexible, received International Horse of the Year honors

Nancy Jaffer/For The Star-Ledger

rules for hunter derbies note that freshness is not a fault (to a degree; no bucking is allowed), freshness has been considered a fault in non-derby hunter classes.

At the convention, a rule change passed that eliminates freshness from the list of faults in order to "support the move toward allowing a horse to show expression, within reason, without penalty."

Part of the problem with the sport's image involves perception, noted Kent Allen, a veterinarian who chairs both the USEF's Drugs & Medications and Veterinary committees. He pointed out that the public cannot differentiate between medication that keeps a horse healthy and doping, which is cheating. At the same time, he noted, "a growing number of people are willing to put dangerous drugs in a horse...trying to get an edge."

Most recently, a horse died after getting a shot Dec. 1 at a hunter/jumper fixture in Ohio, while two ponies collapsed but survived after being injected at last summer's pony finals competition.

Another facet of the problem involves a horse that is seen by one veterinarian who prescribes something at a show, then by another vet at a different competition, who prescribes something else and may be unaware that the horse already is on a medication.

"There's an additive effect," commented Allen.

As the veterinary panel considered how to handle the situation, Karen Nyrop, a member of the committee, made an impassioned plea.

"This is our chance to begin to change the culture of the horse world," she said.

"If we don't stand up and offer an ethical approach and different alternative, we may not get that opportunity again later."

David O'Connor, who ended his run as the USEF's first president during the convention, told those at the veterinary meeting that if the USEF doesn't take action, it "will be dictated for you...other sports got run over by a train they never saw coming. The time is now."

Measures discussed to remedy the situation include:

Making it a rule that most permitted medications (some of which also could have a calming effect) cannot be injected less than 12 hours before a class. Drug tests can reveal through metabolites whether a permitted substance was administered in under 12 hours.

Educating owners, trainers and veterinarians about USEF drug rules, and eventually requiring trainers and veterinarians to take an open book test on the subject

Offering a log book, perhaps through the USEF website or an app, in which all the medications and supplements given to a horse are recorded. While keeping it will be voluntary at first, it could become mandatory.

Possibly closing down stables at showgrounds late at night to prevent horses being longed or walked in the wee hours to tire them out so they will be quiet in competition.

Making necropsies (paid for by USEF) mandatory on horses who have died at competitions for reasons that are not obvious. This already is done in eventing and endurance.

"We need to put all of these issues on the table and do it quickly, and not kick the can down the road," said USEF CEO John Long.

Bill Moroney, president of the U.S. Hunter Jumper Association, called the drugs and medication situation, "a multi-faceted issue that incorporates a culture change for some people. I honestly believe the majority of people believe in the right thing, that horses should be able to be themselves. This is a major issue to discuss, and continue to be discussed."

ON THE RAIL -- Rich Fellers and Flexible swept the USEF's 2012 International Horse of the Year and Equestrian of the Year awards, but wasn't here to accept. Based in Oregon, he got stuck in Denver because of an icing situation and couldn't join his mount's owners, Harry and Mollie Chapman during ceremonies Friday and last night.

The victories were no surprise. Fellers became the first American to win the show jumping World Cup finals in 25 years when he took the title with Flexible, an Irish sporthorse stallion, last April.

Speaking about Fellers' missed appearance, Harry Chapman noted that when he rides, he lives on the edge.

"Unfortunately, when he travels, he also lives on the edge," said Chapman, who had some horror stories running late to the airport. This time, however, he didn't blame Fellers for his absence.

"Mother nature threw a jinx on him and he got a time fault and he couldn't get here," said Chapman, for whom Fellers has worked since 1989.

The national Horse of the Year title when to hunter derby star Jersey Boy, ridden by Jen Alfano, who also was a nominee for Equestrian of the Year...

The Lifetime Achievement Award was presented to 1984 Olympic show jumping double gold medalist Joe Fargis, who also won a team silver at the 1988 Olympics.

In his acceptance speech, after he took off the silver cowboy hat trophy symbolic of the honor, Fargis talked about how much spending his life with horses means to him.

"This is one of the best ways to use one's time on earth," he said.

"We are together tonight because of our bond with horses. Let's protect and guard these wonderful creatures to the best of our ability"...

Several USEF employees based in Gladstone, N.J., have new high profile jobs. Sally Ike of Tewksbury, longtime managing of show jumping for the organization, will become what John Long called, "the dean of education."

The federation has entered into an agreement with Georgetown College in Kentucky to produce an online-curriculum that can inform members about such initiatives such as a stringent new protective headgear rule, while training officials -- who no longer will have to travel to informational clinics when the courses are up and running on line. Ike will oversee a variety of programs that will cover all of the federation's breeds and disciplines...

Lauren Johnson of Bridgewater has taken over as the USEF's director of vaulting and para-equestrian...

Meanwhile, at federation headquarters in Kentucky, dressage managing director and chef d'equipe Eva Salomon is leaving to return to her home in Sweden, and will be succeeded by Jenny Van Wieren-Page, director of high performance dressage.

However, Salomon will assist U.S. dressage riders competing in Europe with their arrangements.

U.S. Dressage Federation President George Williams said selection criteria are being refined in the search for a new chef d'equipe who also will be the technical adviser for high performance dressage.

The job previously was split between Salomon and Ann Gribbons, the technical advisor, who decided not to apply for the position again...

Bromont, Canada, is the last candidate standing in the bidding for the 2018 FEI World Equestrian Games. The Quebec site of the equestrian competition for the 1976 Olympics is being evaluated by the FEI (international equestrian federation) after the only other contender, Vienna, dropped out...

A lecture on "the impact of feed quality on your horse" is being offered Wednesday from 6:30-8:30 p.m. in the Careers Cafe at Hunterdon County Polytech, 10 Junction Road, Flemington. Michelle Roman of the Polytech pre-vet high school program will be discussing how to evaluate food quality and design a program to meet horses' nutritional requirements. For reserved seating, call (908) 284-1444, ext. 2106.

N.J. ACTIVITIES SCHEDULE

Today: Hunter Farms Winter Series, 1315 Great Road, Princeton; Tewksbury Farm Stable Show, Hidden River Farm, 745 Amwell Road, Neshanic Station.

Saturday: Woodedge Show, Gloucester County Dream Park, 400 Route 130 South, Logan Township (through next Sunday); Schooling Dressage Show, Horse Park of N.J., Route 524, Allentown; Palermo Winter Show, Palermo Show Stables, 1555A Burnt Mills Road, Bedminster.

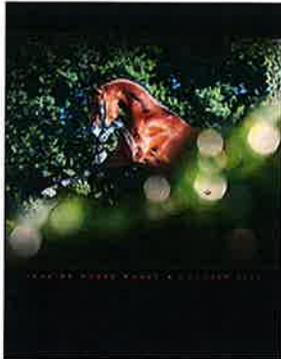
Next Sunday: Palermo Winter Classic Show, Palermo Show Stables, 1555A Burnt Mills Road, Bedminster.

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Putting the Horse First

by Beth Minnich

"In every situation, the welfare of the breed shall be paramount over all considerations."

— Code of Ethics, Arabian Horse Association

"Sudden Death of Show Pony Clouds Image of Elite Pursuit"

This headline from The New York Times has put the controversial subject of equine drugs and other substances back into vigorous debate. A small hunter pony at the prestigious Devon Horse Show died shortly after it received an injection. Only a few months before, author-owner Judy Berkley published *Justice for Speedy*, which details medication and other substances administered to her three-year-old Half-Arabian gelding during training and showing that may have led to his death.

With this topic back in the news, one wonders if USEF or AHA will change some rules, or if this seemingly cyclical debate will fade once again.

We asked Beth Minnich to bring our readers up to date on the issues involving medication and other substances in training and showing, and to comment on these cases in the context of the current USEF rules. Beth is a graduate of the Colorado State University Equine Sciences Program and has a long-standing interest in equine drug policy and education. In 2000, she was the proponent for the AHA resolution to add anabolic steroids to the forbidden substances list at AHA shows. In addition, she has served as a member of the AHA Equine Stress, Research, and Education Committee, and as an Arabian Jockey Club alternate representative to the Racing Medication and Testing Consortium (RMTC).

Arabian Horse Association (AHA) sanctioned shows are conducted under the rules of USEF. The USEF rules regarding the use of drugs, medications, and other substances in competition are in place to provide a fair and level playing field, protect the integrity of the sport, and, most important, to protect the health and well-being of the athletes. USEF has in place two very different drug rule options, the "No Banned Substance Provisions" and the "Therapeutic Substance Provisions," and each member chooses which option will govern its competitions. The Arabian/Half-Arabian/Anglo-Arabian divisions at AHA horse shows compete as part of the "Therapeutic Substance Group." (Most shows outside the U.S. are held under Federation Equestre Internationale [FEI] rules, which are much more stringent than the AHA/USEF rules. FEI further restricts the administration of many USEF-permitted substances during competition.)

Therapeutic Uses versus Doping

Certainly there is a difference between medication control involving therapeutic substances and doping. Medication control is focused on preventing medication violations that may mask an underlying health problem or affect performance, while at the same time providing appropriate therapeutic treatment to help protect the well-being of the horse in competition (such as the use of NSAIDs). Anti-doping, on the other hand, is focused on preventing the use of prohibited substances to mask an underlying health problem or affect performance (such as the use of ACTH or magnesium sulfate to "quiet" a horse). The former can be viewed as "therapeutic use" while the latter is viewed as "doping."

Under the USEF's Therapeutic Substance Provisions, anything not classified as a forbidden substance and the following drugs are permitted: One nonsteroidal anti-inflammatory (NSAID), the corticosteroid dexamethasone, and the muscle relaxant methocarbamol. In general, forbidden substances include: anabolic steroids, any corticosteroid other than dexamethasone, as well as any stimulant, depressant, tranquilizer, local anesthetic, mood and/or behavior-altering substance, or drug that might affect the performance of the horse. In addition, any substance used in excess of what is permitted under the Therapeutic Substance Provisions or any substance that might interfere with drug testing is also considered to be a forbidden substance.

Although an argument can be made for the beneficial role of some therapeutic substances in keeping horses sound and comfortable for competition, the case of the Devon pony begs the question of whether therapeutic substances are being used too casually and to excess by trainers, vets, and owners.

Tragedy at Devon

The death of the pony at Devon became front-page news after it was learned that the pony had not just received an injection of what the owner claims was Legend[®] immediately before it died (the substance was not confirmed because the syringe was not made available for testing). The nine-year old gelding had, in the three days prior to its death, also received the following injections: 4 Banamine[®], 2 Dexamethasone, 4 Robaxin[®], 1 Legend[®], 1 Adequan[®], 1 Estrone[®], and what appears to be 1 Depo-Provera[®]. Even though a complaint brought by a witness to the pony's death was not successful, and no rule violation was established by USEF, this is an eye-popping list.

While the Therapeutic Substance Provisions of the USEF drug rule have been toughened in the last decade, the Devon pony case suggests that the current rule needs to be re-evaluated. Providing a low dose of an NSAID to help with the general aches of trailering, stabling, and showing is one thing. But an animal requiring an NSAID, corticosteroid, and muscle relaxant combination in conjunction with multiple joint therapies is well beyond the "general aches" category — not to mention that this gelding was also receiving estrogen and progesterone.

In Our Own Backyard

Justice for Speedy, written by Judy Berkley and published in 2012, recounts the events described by the owner as a true story of her three-year-old Half-Arabian gelding in training for western pleasure who underwent multiple joint injections with Depo-Medrol[®] (a powerful corticosteroid), began to show signs of laminitis within days after the injections were given, and was still put on a trailer to U.S. Nationals to compete. This case raises many issues, beginning with a lack of disclosure to the owner by the trainer and some attending veterinarians regarding substances being administered to the horse and the horse's health. And, of course, the question: why was a three-year-old western pleasure horse having both hocks and both stifles injected? Joint injections can be a valuable tool for managing horses. But what is recounted by the owner — four corticosteroid joint injections (and a hip blister) for a three-year-old — raises questions as to whether this is an appropriate therapeutic use to protect the health of the horse.

Mood-altering Substances

In addition to concerns about the overuse of permitted substances is the issue of mood-altering substances (particularly those not yet testable) being used in violation of USEF rules; in essence, the practice of doping. Among such substances are several used to help quiet horses, including adrenal corticotrophic hormone (ACTH), magnesium sulfate, gamma aminobutyric acid (GABA), and calcium. Aside from the ethical issue of doping, these substances can also pose health risks to the horse both in the immediate and long term.

For example, ACTH is a pituitary hormone that manages the amount of cortisol released into the bloodstream by the adrenal glands. There is a delicate balance between the function of the pituitary and adrenal glands, and disruption of this balance can cause Cushing's disease and metabolic-based laminitis. Another example involves the use of injected magnesium sulfate, a substance that directly affects the heart and can stop heart function. There is a very small margin of error between the amount needed to "quiet" and the amount that causes a toxic reaction. The sedative effect achieved with magnesium sulfate is so dramatic that it is referred to by some veterinarians as "halfway killing" the horse.

Returning to the case of Speedy, the owner reports that while he was at the show, based on a bill from the official show veterinarian, Speedy was injected with ACTH and calcium. Since there was no therapeutic need indicated, the implication is that the substances were being used with the intent of "quieting" the horse for its class. This case is especially disconcerting and egregious because the substances were reportedly administered by the official show veterinarian. In recent times, in addition to the incident at Devon, there have been reports of several ponies and horses at other shows either collapsing or dying after being given injections. These events raise questions about what is being injected, with a particular concern about magnesium sulfate use because it is a potentially lethal substance that has become popular for quieting horses for their classes.

Doping, Testing, and Taking Responsibility

Although substances such as ACTH, magnesium sulfate, and calcium are not classified as "Forbidden Substances" under the USEF drug rule, their use to modify behavior most certainly is against the rule, and their use also poses real health risks for the horse. Furthermore, threshold levels of these substances have not yet been established, so in essence the substances are not yet testable. However, GABA (mentioned earlier) is now testable, so there is some progress. But testing is not the only solution to this problem.

Though drug testing is helpful in identifying detectable substances, it still occurs after an event, and there are practical limits to how many horses can be tested. Expanded ethics and drug policies will help prevent the inappropriate use of these substances that only potentially get picked up and dealt with after the horse has been affected. This type of drug use is something that the horses should not have to endure.

The health and well-being of show horses depends on the owners, trainers, veterinarians, and the governing organizations that oversee competitions. All of these entities must be willing to take responsibility and to be accountable when it comes to dealing with the issue of inappropriate use of drugs and other substances.

At the 2013 USEF annual meeting in January, there was an acknowledgment that changes need to be made, and some guidelines respecting prudent drug usage were presented. Additionally, a special USEF Task Force met in mid-February. (The outcome of this meeting was not available at press time.) After the 2012 American Association of Equine Practitioners annual meeting, the publication "The Horse" summarized the top 10 take-home points from the meeting: No. 4 was "Abuses in performance horses need to be addressed by all industry stakeholders: regulators, veterinarians, farriers, breed associations, judges, trainers, and owners. Everyone needs to step up and speak for the one stakeholder who can't speak for himself — the horse."

Beyond this, what will AHA do to address drugging practices? Yes, USEF writes the rules and takes care of drug testing. But this is not just about drug testing; it is about all members of the equine community working to protect the horses and prevent exposure to the potentially adverse events related to the administration of these substances. At the 2011 AHA Convention, keynote speaker Dr. Jim Heird raised the issue of inappropriate drug use and emphasized the importance of the horse community actively working together to deal with it. This is an issue that crosses all breeds and disciplines; the Arabian shows are not exempt. If we do not make changes, at some point outside entities will compel change.

In the broader context of competition, the long-standing question about whether or not Lance Armstrong used performance-enhancing drugs has, at least partially, been answered. One of his comments in particular really hit home: "... I didn't invent the culture, but I didn't try to stop the culture."

While education, accountability, and meaningful punishment are all necessary, a root issue is the culture of competition and the exaggerated importance of winning. How do we go about changing a culture and putting the best interest of the horses before "the win"?

The next article in this series will feature a Q&A with veterinarians sharing advice about how owners can talk with their trainers and veterinarians regarding these issues.

Additional Reading:

USEF drug rules [<http://usef.org/documents/ruleBook/2012/GeneralRules/04-DrugsandMedications.pdf>]

Article by Hunter/Jumper judge Julie Winkel about the need to change the use of substances, "We're Ready for a Hunter Revolution," published June 12, 2012, before the Devon tragedy [<http://www.usnja.org/content/news/pr.aspx?id=833>]

Veterinarian Dr. Stephen Soule regarding drug use for calming horses [<http://www.chronofhorse.com/article/carolina-gold-newest-face-old-problem>]

More about the dangers of intravenous magnesium sulfate [<http://www.chronofhorse.com/article/intravenous-injection-magnesium-sulfate-isn%E2%80%99t-just-illegal%E2%80%94dangerous>]

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› **Basic Care** ›

Badminton, Burghley Winner Produces Positive Drug Test

By Christa Lesté-Lasserre • Oct 15, 2013 • Article #32714



Photo: Erica Larson, News Editor

Eventing champion Jonathan “Jock” Paget of New Zealand has been suspended after one of his mounts tested positive for a banned substance following this year's Burghley Horse Trials.

Paget, who won both the 2013 Mitsubishi Motors Badminton Horse Trials in May and the 2013 Land Rover Burghley Horse Trials in September riding 14-year-old gelding Clifton Promise, received news from his national federation Monday (Oct. 14) that he has been suspended until further

notice. The national federation was also notified Monday by the Fédération Equestre Internationale (FEI) of the findings.

Traces of the tranquilizer drug reserpine were found in a blood sample from Clifton Promise, drawn Sept. 8 at the close of the Burghley Horse Trials. While this first sample, labeled the “A” sample, has been deemed positive, no definite sanctions will be given to the 29-year-old rider

until his case has been considered by the FEI tribunal, an FEI representative said. As the “person responsible,” Paget has exercised his right to request an analysis of a “B” sample (a second blood sample taken at the same time as the “A” sample), the FEI representative told *The Horse*. Results of that analysis are expected “as soon as possible,” the FEI representative said. The FEI tribunal will hear the case after the “B” sample results are revealed.

If the “B” sample is positive, Paget faces a 2-year suspension from all international competitions, as well as a fine, the FEI representative said. The amount of the fine would be determined by the tribunal at the time of the hearing. Additionally, Clifton Pinot, a 13-year-old gelding ridden to 14th place at this year's Burghley Horse Trials by Australian Kevin McNab, also tested positive at the same event, for the same substance.

“EA (Equestrian Australia) will provide guidance to Kevin as he works through the options available to him through the FEI processes,” EA relayed in an online statement. “EA treats any breaches of doping and medication control seriously and has fully adopted and endorsed the FEI and ASADA (Australian Sports Anti-Doping Authority) anti-doping policies and procedures in this regard.”

Clifton Promise and Clifton Pinot have both been suspended for two months, pending the “B” sample test results and any subsequent hearings. Both horses are owned by France-based British entrepreneur Frances Stead, MA (Honors), of Clifton Eventers.

In human medicine, reserpine is used to treat both patients with high blood pressure and those with mental disorders. In horses, it can be used as a long-acting tranquilizer, often for horses on stall rest following injury.

In a statement on his Facebook page, Paget said he was unaware that the horse might have had the substance in his blood.

“To my wider team of supporters and friends, I wanted to let you that we were shocked to be advised that Clifton Promise has tested positive for a banned substance,” he stated. “We are awaiting the B sample and are focused on establishing the probable cause (to explain the positive sample).”

Seek the advice of a qualified veterinarian before proceeding with any diagnosis, treatment, or therapy.

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