



GVHS SHOW MEDICATION DECLARATION FORM

(This form will not be valid unless it is completed in full and turned in PRIOR to showing in the below designated class)

Name of Show: _____ Date: _____

Horse's Name & Registration #: _____

Horse's Age: _____ Sex: _____ 1st Class Entered: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Agent/Trainer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Exhibitor Name: _____

Veterinarian: _____ Veterinarian Clinic: _____

Medication Information *(to be completed by the person administering medication only)*

Product Name: _____

Amount Administered: _____ How: *(Oral)(Intravenous)(Topical)(Subcutaneous)(Intramuscular)*

Date(s) of Administration: _____ Time(s) of Administration: _____

Reason for Administration: _____

The agent/owner/exhibitor/parent (any adult who has responsibility for the care, custody, control and/or performance of the horse) is responsible for the condition of the horse and for compliance with all GVHS medication rules. The undersigned further acknowledges that all persons involved in the ownership, preparation and/or showing of his horse have read and fully understand and agree to comply with the GVHS medication and humane treatment rules as they appear in the current GVHS Medication RuleBook.

Signature: _____

Circle One: Trainer/Agent Owner Parent Exhibitor

Veterinarian Signature: _____

This form must be turned into Show Management prior to showing the 1st Designated Class as listed above.
Show Management must turn this form into GVHS within 7 days of the last day of above listed show.