GVHS Veterinary Drug Testing Form

Gypsy Vanner Horse Society (GVHS)
Animal Welfare and Sportsmanlike Conduct Committee
Email: gvhsawscc@gmail.com
Date: _____

Section 1: Horse & Testing Information

Horse Name: _____ GVHS Registration Number: _____

Sex: ☐ Mare ☐ Stallion ☐ Gelding Color/Markings: _____

Date of Sample Collection: _____ Time of Collection: _____

Location (Barn/Trailer #): _____

Sample Type Collected: ☐ Blood ☐ Urine ☐ Both

Sample ID - Blood: _____ Sample ID - Urine: _____

Reason for Testing: ☐ Random Selection ☐ National Champion ☐ Reasonable Suspicion

Section 2: Responsible Parties

All responsible parties must be listed and present for testing if available.

Role	Name	Signature	Phone Number
Owner			
Trainer			
Exhibitor			

If the responsible party is a minor, a parent/legal guardian must sign below:

Name of Guardian: _____ *Signature:* _____

Section 3: Veterinarian Information

Veterinarian Name: _____

Signature of Veterinarian: _____ Date: _____

Section 4: Show Management Acknowledgment

Show Manager Name: _____

Show Name: _____ Show Location: _____

Divisions Horse Competed In: ☐ Open ☐ Amateur ☐ AOE ☐ Youth

I confirm that all responsible parties have signed or been contacted regarding the sample collection.

Signature of Show Manager: _____ Date: _____