



GVHS LONG-TERM THERAPEUTIC USE EXEMPTION (TUE) DECLARATION FORM  
(This form will not be valid unless it is completed in full and turned in PRIOR to competing)

Date: \_\_\_\_\_

Horse's Name & Registration #: \_\_\_\_\_

Horse's Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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 administrating medication only*)

Product Name: \_\_\_\_\_

Amount Administered: \_\_\_\_\_ How: (Oral)(Intravenous)(Topical)(Subcutaneous)(Intramuscular)

Date(s) of Administration: \_\_\_\_\_ Time(s) of Administration: \_\_\_\_\_

Reason for Administration:

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**Long-Term Therapeutic Use Exemption (TUE) Acknowledgement**

By checking this box, I acknowledge that I am applying for a Long-Term Therapeutic Use Exemption (TUE) and understand that:

- Long-Term TUEs may be approved only for **documented chronic medical conditions** (e.g., PPID/Cushing's).
- Approval requires **veterinary documentation**, including diagnostic testing and clinical history.
- Approved Long-Term TUEs are valid for **up to one (1) year from the date of filing**.
- Once approved, **event-by-event medication declarations are not required** unless the horse's condition, medication, dosage, or treatment protocol changes.
- Any changes must be **reported to GVHS**, and a new or amended TUE may be required.

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 Drug Testing Rules and Guidelines.

Signature: \_\_\_\_\_

Circle One: Trainer/Agent      Owner      Parent      Exhibitor

Veterinarian Signature: \_\_\_\_\_

This form and supporting documentation must be turned into and approved by the GVHS AWUCC (gvhs@vanners.org) prior to competing at GVHS approved events