

# POAC MEDICATION REPORT

## Make sure you are aware of the current POAC Drug Rules and Regulations:

No person shall cause to be administered internally or externally to a pony, either before or during an approved event, any medication or drug that is of such character as could affect the pony's performance or appearance at that event, EXCEPT FOR THOSE CONDITIONALLY PERMITTED THERAPEUTIC MEDICATIONS, THE USE OF WHICH IS SPECIFICALLY PROVIDED FOR IN THE THERAPEUTIC MEDICATIONS SECTION B OF THIS RULE AND NOT OTHERWISE PROHIBITED BY GOVERNMENTAL REGULATIONS. It is your responsibility to read and understand the current POAC Handbook for complete information on Drugs and Medications prior to your participation in a POAC event.

### Permitted Therapeutic Medications:

Only the 13 drugs or medications listed below may be administered within 24 hours of showing. The appropriate dosage as detailed in the POAC Handbook must be administered. Administration of these drugs does not require that the animal be withdrawn and kept out of competition for a period not less than 24 hours after the medication is administered. Nor is there a requirement that the medication report be filed with Show Management, except when Lidocaine/Mepivacaine is used.

- |                         |                               |                           |
|-------------------------|-------------------------------|---------------------------|
| 1. Phenylbutazone       | 6. Meclofenamic Acid (Arquel) | 10. Acetazolamide         |
| 2. Diclofenac (Surpass) | 7. Naproxen                   | 11. Furosemide (Lasix)    |
| 3. Flunixin (Banamine)  | 8. Firocoxib (Equioxx)        | 12. Isoxsuprine           |
| 4. Ketoprofen           | 9. Eltenac                    | 13. Lidocaine/Mepivacaine |
| 5. Dexamethasone        |                               |                           |

Product name \_\_\_\_\_

Amount Administered \_\_\_\_\_

Strength \_\_\_\_\_

Route of Administration  Oral  Topical  Injectable

Intravenous

Intramuscular

Subcutaneous

Date of Administration \_\_\_\_\_

Time of Administration \_\_\_\_\_

Diagnosis and Reason for Administration (*this must be for a therapeutic purpose only*) \_\_\_\_\_

Name and phone number of licensed veterinarian prescribing/administering the medication (*PLEASE ATTACH prescription*) \_\_\_\_\_

While this Medication Report must be filed only if the administered medication will be present in amounts detectable in blood and/or urine samples at the time of competition/sampling, exhibitors are hereby cautioned that it is their responsibility to determine whether or not such medication has had time to clear the pony's system. IF THERE IS ANY DOUBT, A MEDICATION REPORT SHOULD BE FILED. Exhibitors, owners, trainers and veterinarians are cautioned against the use of medicinal preparations, tonics, pastes and products of any kind, the ingredients and quantitative analysis of which are not specifically known, as they may contain a forbidden substance.

Pony Back Number(s) \_\_\_\_\_

Pony Name \_\_\_\_\_ Reg.# \_\_\_\_\_

Foal Date \_\_\_\_\_ Color \_\_\_\_\_ Mare Stallion Gelding

Owner Name \_\_\_\_\_ Exhibitor Name \_\_\_\_\_ Trainer Name \_\_\_\_\_

Printed Name and Signature of Owner/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Signature of Veterinarian/Person Administering Medication \_\_\_\_\_ Date \_\_\_\_\_

Signature of Show Management \_\_\_\_\_ Time of Receipt \_\_\_\_\_ Date \_\_\_\_\_