



EQUINE MEDICATION CONTROL COLLECTION SHEET

Competition Name: _____

Testing Location: _____ Testing Date: _____

1	Name of Horse:			Entry #	ERA #
	Age:	Colour:	Placing:	Sample #	
Sex:	(Place sample label here)				

Witness Name: (Print)	Witness Role: (Owner/Rider/Parent/Other)
<input type="text"/>	I, as the person responsible for the above equine, am an adult. I was 18 years or older as of January 1st of the current calendar year, and I have witnessed the official sample collection.
Witness Signature:	

2	Name of Horse:			Entry #	ERA #
	Age:	Colour:	Placing:	Sample #	
Sex:	(Place sample label here)				

Witness Name: (Print)	Witness Role: (Owner/Rider/Parent/Other)
<input type="text"/>	I, as the person responsible for the above equine, am an adult. I was 18 years or older as of January 1st of the current calendar year, and I have witnessed the official sample collection.
Witness Signature:	

Veterinarian Name:
Signature: