

## M E D I C A T I O N   R E C O R D

DATE COMMENCED	REGISTERED NAME OF HORSE	TREATMENT USED	ROUTE						DOSAGE & DURATION		DATE TREATMENT FINISHED	NAME OF THE PERSON ADMINISTERING THE TREATMENT	COMMENTS
			O	T	I/V	I/M	S/C	I/A	AMOUNT	NO.OF DAYS			

FOOTNOTE: It is a requirement of the Rules of Racing that the person authorising or prescribing treatment is recorded for each entry. In accordance with strict liability the Trainer will be assumed to be the person authorising treatment unless specifically stated otherwise in the comments section.