



431 South Cascade Ave.
 Colorado Springs, CO 80903
 Phone: (719) 447-4627
 Fax: (719) 447-4631

Women's Professional Rodeo Association
Equine Medications and Prohibited Substances Form

A. IDENTIFICATION OF HORSE (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

1. Horse's Name:		
2. Age:	3. Sex:	4. Color:
5. Weight:	6. Responsible Member's Name:	

B. IDENTIFICATION OF MEDICATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

7. Product Name:	
8. Amount Administered:	9. Strength:
10. Route of Administration: <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhalation <input type="checkbox"/> Injectable <input type="checkbox"/> Intravenous <input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Intra-articular	
11. Date of Administration:	
12. Time of Last Administration: _____: _____ <input type="checkbox"/> a.m./p.m.	
13. Diagnosis and Reason for Administration (This must be for a Therapeutic Purpose only):	
14. Name of Veterinarian Prescribing/Administering the Medication:	
15. Phone Number of Prescribing Veterinarian:	
16. State of Licensure of Prescribing Veterinarian:	
17. Name and Signature of Veterinarian Prescribing/Administering the Medication:	
Print:	Sign:

NOTE: You may supply additional documents or further explanation if you would like. Just attach another sheet.

C. TO BE COMPLETED BY WPRA STAFF UPON RECEIPT: (PLEASE TYPE, PRINT OR WRITE CLEARLY)

IMPORTANT: You should accept this form only after all blanks above have been completed. Incomplete forms must be returned immediately to the Responsible Member for completion. Please note whether a specific diagnosis is recorded in section 13 above.

If all blanks are completed, please indicate the following:	
Date Received:	Time Received: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name and Signature of WPRA Equine Drugs and Medications Program Office Representative:	
Print:	Sign:

Please call (800) 633-2472 if you have any questions about specific drugs.

Submit via US Postal Service, Fax, or Email:
 WPRA Equine Medications and Prohibited Substances
 Women's Professional Rodeo Association,
 431 South Cascade, Colorado Springs, CO 80903
 ATTN: Executive Secretary
 FAX: (719) 447-4631
 Equinemedications@wpra.com