SECTION V—Officiation



Veterinarian Letter

All mounts in a USPC-sponsored activity should be serviceably sound and healthy. However, there are reasons a mount may be under the care of a Veterinarian and on prescribed medications, either for a short period of time or long term.

Mounts requiring legal (permitted), prescribed medication during a USPC activity must have a Prescription Form or Veterinary Letter from the prescribing Veterinarian with the following information:.

- x Date of prescription
- x Type of drug or medication
- x Purpose for use
- x Application or administration instructions, and
- x Duration of use.

Rider Name:	Phone: ()	Discipline:	
Name of Mount:(must match name on Co				
•				
Owner/Agent Name (if different than rider): _		Owne	r Phone: () _	
/eterinarian Name:		Vet Phone:	()	
SPECIFIC DIAGNOSIS:				
TREATMENT REGIMEN For all USPC mounted activities, medicati performance enhancing or mood altering partype of Drug or Medication:	ourposes (with the	he exception of R	egumate).	
Purpose for Use:				
Dosage:				
Application or Administration Instructions	:			
Duration of Treatment:				
Additional Relevant Information:				
Veterinarian's Signature		Date of signa	ture	Office Stamp Here
Print Veterinarian's Name				1-