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 Veterinarian practice address and contact 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.

ame of Mount:	Rider Name:	Phone: (1	Discipline:	
(must match name on Coggins) wher/Agent Name (if different than rider):					
PECIFIC DIAGNOSIS: REATMENT REGIMEN or all USPC mounted activities, medications and supplements should be administered for therapeutic rather than performance enhancing or mood altering purposes (with the exception of Regumate). Type of Drug or Medication: Purpose for Use: Dosage: Application or Administration Instructions: Duration of Treatment: Additional Relevant Information: Date of signature Office Stamp Here	(must match name on Co	oggins)			
PECIFIC DIAGNOSIS: REATMENT REGIMEN or all USPC mounted activities, medications and supplements should be administered for therapeutic rather than erformance enhancing or mood altering purposes (with the exception of Regumate). Type of Drug or Medication: Purpose for Use: Dosage: Application or Administration Instructions: Duration of Treatment: Additional Relevant Information: Date of signature Office Stamp Here	wner/Agent Name (if different than rider): _		Owner Ph	one: () _	
REATMENT REGIMEN or all USPC mounted activities, medications and supplements should be administered for therapeutic rather than erformance enhancing or mood altering purposes (with the exception of Regumate). Type of Drug or Medication: Purpose for Use: Dosage: Application or Administration Instructions: Duration of Treatment: Additional Relevant Information: Date of signature Office Stamp Here	eterinarian Name:		Vet Phone: ()	
or all USPC mounted activities, medications and supplements should be administered for therapeutic rather than erformance enhancing or mood altering purposes (with the exception of Regumate). Type of Drug or Medication: Purpose for Use: Dosage: Application or Administration Instructions: Duration of Treatment: Additional Relevant Information: Sterinarian's Signature Date of signature Office Stamp Here	PECIFIC DIAGNOSIS:				
Application or Administration Instructions: Duration of Treatment: Additional Relevant Information: eterinarian's Signature Date of signature Office Stamp Here	erformance enhancing or mood altering p	ourposes (with the	e exception of Regu	mate).	
Application or Administration Instructions: Duration of Treatment: Additional Relevant Information: Date of signature Office Stamp Here	Purpose for Use:				
Duration of Treatment: Additional Relevant Information: Date of signature Office Stamp Here	Dosage:				
Additional Relevant Information: Date of signature Office Stamp Here	Application or Administration Instructions:				
eterinarian's Signature Date of signature Office Stamp Here	Duration of Treatment:				
eterinarian's Signature Date of signature Office Stamp Here	Additional Relevant Information:				
Office Stamp Here					HYVY
Office Stamp Here					
int Veterinarian's Name	eterinarian's Signature		Date of signature		Office Stamp Here
	rint Veterinarian's Name				1-1