



VETERINARY MEDICATION FORM 1 REQUEST FOR AUTHORIZATION TO USE IFSS CONTROLLED SUBSTANCES

This form applies only to medications listed as IFSS Controlled Substances (Exception: Thyroid supplement medication, for which Veterinary Medication Form 2 must be used.)

Note! The use of such a Controlled Substance without any approved Veterinary Medication Form 1 is **DOPING!**

This form must be filled out by the veterinarian, normally treating the dog, and must be brought – in two copies - to all races/events by the athlete. At least one hour prior to the initial veterinary check, the form must be shown to the Race Chief Veterinarian, who may approve the dog's start after evaluation of its medical condition at that moment.

The form – in two copies – must, **if approved**, be completed and a copy retained by the Race Chief Veterinarian for any non-injectable administration of medication, listed as IFSS Controlled Substances, to a dog in or prior to an IFSS Event.

The approved form must be sent to the IFSS Anti-Doping Committee (ADCom) at vetmscasa@gmail.com immediately after the event and a copy provided to the athlete to have in case of a Doping Control.

Please be advised that you may only request *three (3) substances per form.*

(Capital letters please)

Event name: Place:

Date:.....Class(es)

Bib no.:

I, the Dog's treating Veterinarian, declare that I prescribe the following medication for:

Dog's name: Weight of dog:

Breed of dog: Microchip number:.....

Athlete's name: Nationality:

Indication for treatment *(please tick below)*:

Dermatitis Wound Diarrhea Respiratory disease Reproductive Hormones

Ulcer prevention Other *(specify)*.....

Specified diagnosis.....

NOTE: When it comes to Reproductive Hormones and related substances (6 a, b, c, d in the Controlled List) a minimum observation period of 28 days, before the dog returns to competition, will be mandatory in order to ensure that there are no adverse side effects on the dog's health. The form must show that the dog has passed a check by the treating vet at the end of the 28 days.



Substances administered:

Date, time	Trade name	Route of administr. (orally, ointment, drops)	Active ingredient(s)	Concentration	Dose (mg/kg)	Frequency	Nbr of Days administered

Special treatments or request:

Eye Medication Treatment: steroid steroid + antibiotic antibiotic

Date, time	Trade name	Route of admin. (ointment, drops)	Active ingredient(s)	Concentration	Dose (mg/kg)	Frequency	Nbr of Days administered

I certify my evaluation of treatment (=no side effects of reproductive hormones or related substances)

on: (date)Signature:.....

Treating Veterinarian Information:

Date: Name (Print):

Telephone number (incl. country code)

License n°/State/Country

Signature:

Authorization from the Race Chief Veterinarian:

Date:Name (Print):.....

Telephone number (incl. country code)

License n°/State/Country

Signature:

The Race Veterinarian signing this form is doing so exclusively in his or her capacity as witness to the execution of this form by the relevant parties in order to certify the process.

Under no circumstances should such signature be construed by any person, entity, or body as veterinary advice or legal authorization to use the medication listed above. Veterinary advice regarding the propriety, usefulness, or legality under national law of any medication can only be given by the treating veterinarian.