



**NSAID – NON-STEROIDAL ANTI-INFLAMMATORY DRUG DISCLOSURE FORM**  
 UNITED STATES EQUESTRIAN FEDERATION - ALL THINGS EQUESTRIAN

If more than one Non-Steroidal Anti-Inflammatory Drugs has been administered to your horse within the five days before competing, you are required to submit this form to a USEF Steward / TD or to the Competition Office prior to competing. This NSAID Disclosure Form is effective for **FIVE DAYS** including the day of its filing, unless a different NSAID than those checked below is administered within that five days, then a new NSAID Disclosure Form must be filed.

IDENTIFICATION OF HORSE / PONY (Please type or write clearly)	
Name:	
Age:	Sex: Color:
Weight:	Entry Number
Trainer's Name:	Email:
Owner's Name:	Email:
Breed/ Discipline in which animal competes:	

PERMITTED NSAIDS	NOTE: The presence of both Phenylbutazone and Flunixin at the time of competition is not permitted.
Declaring the Administration of: (Check One) <input type="checkbox"/> Surpass <input type="checkbox"/> Naprosyn <input type="checkbox"/> Banamine <input type="checkbox"/> Arquel <input type="checkbox"/> Ketofen <input type="checkbox"/> Equioxx <input type="checkbox"/> Phenylbutazone ("Bute")	Declaring the Administration of: (Check One) <input type="checkbox"/> Surpass <input type="checkbox"/> Naprosyn <input type="checkbox"/> Banamine <input type="checkbox"/> Arquel <input type="checkbox"/> Ketofen <input type="checkbox"/> Equioxx <input type="checkbox"/> Phenylbutazone ("Bute")
Drug Concentration:	Drug Concentration:

**ADMINISTRATION**

Route of Administration Key:    **O** – Oral    **T** – Topical    **IV** – Intravenous

DATE	TIME: AM / PM	AMOUNT	ROUTE	DATE	TIME: AM / PM	AMOUNT	ROUTE

Name of Prescribing Veterinarian:	Phone:
Reason for Administration:	
Name of Person Administering:	Signature of Responsible Party:

**FOR STEWARDS & TECHNICAL DELEGATES (Please Type Or Print Clearly)**

Date Received:	Time Received:            AM            PM
Name of Competition:	City and State:
Name and Signature of Steward/ TD or Designated Show Office Representative:	