



**Australian
Endurance**
Riders Association Inc

AERA
7

**AUTHORISATION FOR THE USE OF ALTRENOGEST, CYCLOSPORINE IMPLANTS
OR CYCLOSPORINE OPHTHALMIC PREPARATIONS FOR HORSES COMPETING AT
AERA RIDES**

The Person Responsible shall provide 2 copies of this form to the head veterinarian prior to the commencement of the pre-ride veterinary inspection for the horse. The Person Responsible shall retain 1 copy signed by the head veterinarian for their records. The head veterinarian shall pass the 2nd signed copy to the chief steward.

HORSE NAME:			
HORSE AERA LOGBOOK NO:		HORSE SEX	
NAME, DATE & DISTANCE OF THE RIDE:			

NAME OF THE PERSON RESPONSIBLE:	
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I declare that the above horse is competing;

Whilst receiving altrenogest and I understand that the administration of altrenogest to geldings or stallions is an offence under the EADCMRs.

Reason for treatment: _____

Whilst being treated with cyclosporine. Left eye Right eye

Treatment type: Implants Eye drops/ointment

Reason for treatment: _____

Date of implant insertion: _____

Name and location of Veterinarian: _____

Product name, amount and frequency of eye drops/ointment: _____

Print Name	Signature	Division Membership No.	Date
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<u>Head Veterinarian to complete:</u>		
Print Name	Signature	Date

All horses are subject to testing for the presence of altrenogest and/or cyclosporine and other Prohibited Substances/methods under the AERA EADCMRs