

Second Medication Declaration Form for Racehorses Travelling to Hong Kong to Compete in International Races

TO BE PROVIDED TO THE INSPECTING VETERINARY SURGEON AT THE TIME OF THE PRE-TRAVEL VETERINARY INSPECTION

HORSE NAME					COUN	ITRY
PASSPORT NUMBER		ISSUING AUTHORITY	ISSUING AUTHORITY			
SCHEDULED DATE (OF TRAVEL TO HONG KC	DNG				
administered to th Veterinary Regulat	ne horse since the last	Trainer/Delegate) declare that the factorial medication Declaration Form was laison (DVR&IL). A NIL return is age(s) if necessary.	as submitted	to the HKJC	Departi	ment of
	MEDICATION AD	MINISTERED AFTER SUBMISSIO	N OF THE N	IDF1		
DATE ADMINISTERED	TRADE NAME	PRODUCT DRUG NAME	ROUTE	DOSE	CD	RWP
legitimate treatme therefore, assist in TRAINER'S NAME	nts that may have the assessing the suitability	this form will be treated as STRICTL potential to cause a positive test of the horse to travel.			-	-
 TEL	FAX	EMAIL _				
SIGNATURE		DATE				
	FOR	R HONG KONG JOCKEY CLUB USE O	NLY			
то		HORSE				
		nformation provided has raised co ternational Raceday. Please contac				
	А	PPROVAL TO TRAVEL IS CONFIRME	D			
Please consult HK	JC veterinarian(s) for all	treatment advice post arrival.				
SIGNED BY			D/	ATE		
	IVE MANAGER, VETERINARY	REGULATION / VETERINARY OFFICER				

DISTRIBUTED TO CSS / HRL / HVCS