



# Equestrian Australia

## EA MCP Post-Sampling Submission Report

***This form is to be completed after the sampling of horses under the EA Medication Control Program***

Name of the Event: \_\_\_\_\_ Date of the Event: \_\_\_\_\_

Event Organiser Name: \_\_\_\_\_

Event Organiser Billing Address: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

EA/FEI Stewards Name \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail \_\_\_\_\_

Veterinarians Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail \_\_\_\_\_

How many horses were sampled: \_\_\_\_\_

Courier Transit Number(s) \_\_\_\_\_

Courier Transit Number(s) \_\_\_\_\_

Courier Transit Number(s) \_\_\_\_\_

Comments on the conduct of the sampling:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Sampled Horse Name</b>	<b>EA/FEI Registration #</b>	<b>Rider Name</b>	<b>Event Class</b>	<b>Urine Sample #</b>	<b>Blood Sample #</b>