

**DECLARATION FOR ADMINISTRATION OF ALTRENOGEST
(e.g. REGUMATE) TO MARES**

Event: Date:

I declare that I will use the following medication for:

Horse's name: Passport No.:

Person responsible: Nationality:

Catalogue No.: Stable No.:

Reason for administering of altrenogest:

.....

Person Responsible / Team / Treating Veterinarian:

I certify that altrenogest has been administered in accordance with the three conditions specified below:

Name (print): Signature:

Date:

1.1.1. Veterinary Delegate / Commission:

Name (print): Signature:

Date:

Substances administered Trade Name:

Active ingredient: Concentration:

Dose (mg/kg): Volume:

Frequency (in 24 hr): Dates/Times:

The following conditions apply:

1. Altrenogest is only permitted in mares;
2. The manufacturer's recommended dose of altrenogest and duration of treatment for oestrus suppression must be followed;
3. Medication Form 2 must be completed, signed and approved by the Veterinary Commission / Delegate.

N.B. The manufacturer's contra-indications and warnings etc. must be noted and understood before using altrenogest.

Horses will be tested for the presence of altrenogest.