

**FEI**

**FÉDÉRATION ÉQUESTRE INTERNATIONALE**



**INTERIM DECLARATION OF MEDICINAL TREATMENTS**

**INTERIM**

Horse Name : \_\_\_\_\_

FEI n° : \_\_\_\_\_

UELN n°: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**FEI  
Passport  
N°**

**STUD  
BOOK  
ID N°**

**Start date:** \_\_\_\_\_

**End date:** \_\_\_\_\_

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Date	Place	Active substance in treatment and dosage	Person responsible	Treating Vet (where applicable)	Date	Place	Active substance in treatment and dosage	Person responsible	Treating Vet (where applicable)









