

DECLARATION OF TREATMENT



TO BE PRESENTED BEFORE THE PRE-START VET CHECK IF MEDICAL TREATMENTS HAVE BEEN DONE IN THE LAST MONTH BEFORE THE COMPETITION WITH A SUBSTANCE LISTED IN THE LIST OF "SUBSTANCES PROHIBITED DURING THE RACE". PLEASE SEND THE FORM PRIOR TO THE RACE VIA EMAIL TO: vet.leipa.ICF23@gmail.com

(Information about prohibited substances can be found on the ICF WM Leipa 2023 website in the List of PROHIBITED SUBSTANCES FOR DOGS)

Dog owner: Name _____ First name _____

Address: Street _____ Post code _____

Town _____ Country _____

Cell phone: _____ E-Mail: _____

National team _____

Name and Cell phone of your Team-leader _____

Dog: Name _____ Chip number _____

Breed _____ Sex _____ Birth date _____

The following part must be filled in by the treating Veterinarian (NOTE: Fill one declaration for each treatment !)

Veterinarian: Name _____ First name _____

Address: Street _____ Post code _____

Town _____ Country _____

Cell phone: _____ E-Mail: _____

I declare that the above-described dog has been treated for medical reason with the following medication, listed in the List of "SUBSTANCES PROHIBITED DURING THE RACE"

Drug name: _____ Active substance: _____

Dosage and route of administration _____

Start of treatment: _____ End of treatment: _____

Reason for treatment (diagnosis): _____

Date _____

Vet Signature _____

Stamp