

FORM OF EXEMPTION



TO BE PRESENTED BEFORE THE PRE-START VET CHECK IF A MEDICAL TREATMENT HAS BEEN DONE WITH A SUBSTANCE LISTED IN THE LIST OF "SUBSTANCES UNDER CONTROL" OR IF A MEDICAL TREATMENT HAS TO BE CONTINUED DURING THE COMPETITION. Please send in advance to vet.leipa.ICF23@gmail.com

(Information about substances under control can be found on the ICF WM Leipa 2023 website in the List of SUBSTANCES UNDER CONTROL 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

Veterinarian: Name _____ First name _____
Address: Street _____ Post code _____
Town _____ Country _____
Cell phone: _____ E-Mail: _____

I declare that the above-described dog (choose one option)

has been treated for medical reason with the following medication:

needs to be treated during the race days with the following medication:

Drug name: _____ Active substance: _____

Dosage and route of administration _____

Start of treatment: _____

Reason for treatment (diagnosis): _____

NOTE: In case of use of Thyroid hormone see the EXPLANATORY NOTE in the List of "SUBSTANCES UNDER CONTROL"

Date _____

Vet Signature _____

Stamp