

**MEDICATION AND DOPING CONTROL FOR HORSES RACING
IN GREAT BRITAIN**

DECLARATION TO BE SIGNED BY TRAINER

I,, the trainer of (*horse*), which has been entered in the(*race*) at(*Racecourse*) on.....(*date*), confirm that:

*.....(*horse*) has never received any substance which is included in Schedule (C) 6, paragraph 3 headed Prohibited Substances.

OR

*.....(*horse*) has received a substance(s) referred to in Schedule (C) 6, paragraph 3 headed Prohibited Substances and the details are as follows:

Date Administered	Product		Route of Administration	Dose
	Trade Name	Drug Name		

Trainer's Name

Address:

.....

Tel:..... Fax:..... Email:.....

Signature: Date:.....

* Please delete as necessary

Please return this form to the Disciplinary Department:
Tel: +44 (0) 20 7152 0120 Fax: +44 (0) 20 7152 0121 Email: disciplinary@britishhorseracing.com