

ECF 2017 - XX EUROPEAN CHAMPIONSHIP CANICROSS - BIKEJORING - SCOOTER

SANTA MARIA MAGGIORE (VB) ITALY October 12th - 15th 2017

SLEDDOG AND CANICROSS ITALIAN VETERINARY ASSOCIATION - A.I.V.S. e C.

DOPING CONTROL SERVICE: **"FORM OF EXEMPTION F"**

N.B. THIS FORM MUST BE COMPLETED IN EVERY PART BY THE VETERINARIAN WHEN PRESCRIBING PHARMACOLOGICAL SUBSTANCES TO BE USED DURING THE RACE PERIOD, IF THESE ARE LISTED AS "PERMITTED DURING THE RACE, IF UNDER CONTROL" (*)

DATE AND PLACE

a) PRESCRIBING VETERINARIAN:

NAME AND SURNAME

OFFICIAL REGISTRATION NUMBER

ADDRESS (STREET, CITY, COUNTRY)

TELEPHONE

b) IDENTITY OF THE OWNER:

NAME AND SURNAME

ADDRESS (STREET, CITY, COUNTRY)

TELEPHONE

c) IDENTITY OF THE DOG:

MICROCHIP

NAME

DATE OF BIRTH

BREED

SEX

WEIGHT

d) REASON FOR PRESCRIPTION:

SYMPTOMS

DIAGNOSIS

e) PRESCRIBED MEDICATION:

TRADE NAME

ACTIVE INGREDIENT

TREATMENT START DATE

DURATION OF PRESCRIBED TREATMENT (DAYS)

PRESCRIBED DOSE

ROUTE OF ADMINISTRATION

TOTAL CLEARANCE TIME (DAYS)

(Time needed for complete removal of the active ingredient from the body)

f) RESTING TIME REQUIREMENTS:

(Time needed for the full physical recovery of the dog, before returning to competition)

VETERINARIAN
STAMP AND SIGNATURE

OWNER SIGNATURE

(*)

• **SUBSTANCES UNDER CONTROL (PERMITTED DURING THE RACE)**

1. ANTIBIOTICS PER OS OR INJECTABLE (*ONLY IF USED FOR SKIN WOUNDS*)
2. ANTIBIOTICS FOR TOPICAL USE (*SOLUTIONS, OINTMENTS, GEL AND CREAM FOR DERMATOLOGICAL USE; DROPS AND OINTMENTS FOR OPHTHALMIC USE; EAR DROPS, ETC.*)
3. ANTI ACID AND ANTI GASTRIC ULCER PER OS (H2 RECEPTOR ANTAGONIST AND PROTON PUMP INHIBITORS) (*ES. OMEPRAZOLE AND DERIVATIVES, RANITIDINE, CIMETIDINE, FAMOTIDINE, SUCRALFATE, ETC.*)
4. REPRODUCTIVE HORMONES, HORMONAL RELEASE FACTORS OR RELATED SUBSTANCES PER OS OR FOR INJECTIONS:
 - 4.1 *HORMONES FOR INDUCTION OF TEMPORARY INFERTILITY IN FEMALE, PROVIDED NOT CONTAINING TESTOSTERONE*
 - 4.2 *HORMONES SIMILAR TO GNRH FOR INDUCTION OF TEMPORARY INFERTILITY IN MALE (ES. DESLORELIN)*
 - 4.3 *ESTROGEN FOR THE TREATMENT OF URINARY INCONTINENCE IN SPAYED FEMALE (ES. ESTRIOL)*
 - 4.4 *ESTROGEN FOR THE INDUCTION OF ABORTION IN CASE OF ACCIDENTAL MATING (ES. ESTRADIOL)*
 - 4.5 *ANTIPROGESTINIC FOR INDUCTION OF ABORTION IN CASE OF ACCIDENTAL MATING (ES. AGLEPRISTONE)*
 - 4.6 *PROLACTIN INHIBITORS FOR THE SUPPRESSION OF LACTATION (ES. CABERGOLINE, BROMOCRIPTINE, METERGOLINE)*
 - 4.7 *HORMONES ANTIANDROGENS FOR TREATMENT OF BENIGN PROSTATIC HYPERTROPHY (ES. OSATERONE)*
5. THYROID HORMONE (**USE FORM OF EXEMPTION T**)

N.B. THE USE OF HORMONES DESCRIBED IN SECTION 4 MUST BE DECLARED WITH THIS FORM, EVEN IF IMPLEMENTED IN THE LAST 6 MONTHS PRIOR TO THE START DATE OF COMPETITION