

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

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(\*)

• **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**