



# EMERGENCY MEDICATION REPORT FORM GUIDELINES FOR EC OFFICIALS

## Equestrian Canada Equine Medication Control

### Purpose

This guide supports Stewards and Technical Delegates in reviewing and applying EC Equine Medication Control Rules when an Emergency Medication Report Form is submitted.

For full rule language and further details please see the Rules of Equestrian Canada [Section A: General Regulations, Chapter 10 Equine Medication Control](#). In all cases the language of the EC Rules takes precedence.

Questions: [equinemeds@equestrian.ca](mailto:equinemeds@equestrian.ca) or 343-308-5026

### Background

Canada has had an active equine medication control program since the mid-1970s. There are two main purposes for the program.

First, the program is designed to protect the health, welfare and safety of the horse and rider. The rules allow for legitimate and humane use of medication to protect the horse's health, while ensuring that the horse does not compete with any serious underlying lameness or illness.

The second purpose is a commitment to fairness of competition through the detection of performance altering drugs (doping) and to deter medication abuse(s).

### Role of EC Officials

When an Emergency Medication Report Form is submitted at an EC sanctioned competition:

### Stewards & Technical Delegates Do:

- Take possession of the form.
- Review it for completeness and where possible request any missing sections be completed.
- Complete the Steward/TD Section.
- Apply EC Rule A1005, Paragraph 1, and sub-paragraphs a and b regarding the length of time the horse is required to be withdrawn from competition (0hrs, 12hrs or 24hrs).
- Confirm with the submitter the date and time the horse is eligible to return to competing as determined from Article A1005.
- Advise the submitter to take a photograph of the completed form for their records.
- Submit an electronic version (photo or scan) of the form to [equinemeds@equestrian.ca](mailto:equinemeds@equestrian.ca).



- Advise competitors of the following resources:
  - EC's Equine Medication Control department – [equinemeds@equestrian.ca](mailto:equinemeds@equestrian.ca)
  - [Equine Medication Control webpage](#)
  - [Section A: General Regulations, Chapter 10 Equine Medication Control](#)
  - [Equine Medication Control Guide](#)
  - [Canadian Pari-Mutuel Agency \(CPMA\) Elimination Guidelines](#)
  - EC's free online course: [Understanding Equine Medication Control](#)
  - Their veterinarian

## Stewards & Technical Delegates **Do Not:**

- Do not provide medication/administration/treatment information/guidance to competitors/PR(s).

## Emergency Medication Rules and Report Form

We understand emergencies can happen. EC rules allow a horse to keep competing after being administered a non-permitted substance. Continuing to compete must not be detrimental to the horse's welfare or aggravate their injury/condition.

[Article A1005 \(Emergency Veterinary Treatment\)](#) in the Rules of Equestrian Canada outlines how emergency treatment must be handled. It allows the Person Responsible to declare, in advance of competing, that a horse required immediate treatment with a non-permitted drug due to acute illness or injury. This is done by submitting an Emergency Medication Report Form.

### Important Definitions as per their use within Equestrian Canada:

**CPMA Elimination Guideline(s):** The approximate length of time after which no drug or metabolite was detected in the horse using current testing methodology.

*\*\*\* It is stressed that these Elimination Guidelines are presented as guidelines only and should not be construed as absolute for every horse to which the drug is administered. Drug absorption and elimination are influenced by many factors. \*\*\**

**Withdrawal from Competition/Withdrawal Period:** The length of time the horse must not compete in EC sanctioned competition if a NON-PERMITTED medication is administered for an acute illness or injury. As outlined in EC rules A1005 1, 1a and 1b, this period could be 0 hours, 12 hours, or 24 hours.

### Summary of Pertinent EC Rules

## ARTICLE A1003 PERMITTED MEDICATIONS

Permitted Medications are those listed below that **may be present in a horse during an EC-sanctioned competition and do not need an Emergency Medication Report Form filed.**

1. **Permitted** medications are the following:

The generic name is first, with common trade or other names in brackets where possible:

  - a. **ONE** non-steroidal anti-inflammatory drug (NSAIDs)
    - i. **firocoxib** (Prevequine/Previcox)
    - ii. **flunixin meglumine** (Banamine)
    - iii. **ketoprofen** (Anafen)
    - iv. **phenylbutazone** (Bute) or;
    - v. **acetylsalicylic acid** (A.S.A)
  - b. **pergolide** (Prascend);



- c. the anti-ulcer medications:
  - i. **cimetidine** (Tagamet)
  - ii. **ranitidine** (Zantac)
  - iii. **sucralfate** (Teva-Sucralfate, Sulcrate) or;
  - iv. **omeprazole** (GastroGard, UlcerGard)
- d. **altrenogest** (Regumate) (**mares only**)
- e. antimicrobials (antibiotics and antiprotozoals)  
Not Permitted: procaine penicillin G
- f. antiparasitic products (dewormers)  
Not Permitted: levamisole and tetramisole
- g. hyaluronic acid, chondroitin sulfate, glucosamine, pentosan, and polysulfated glycosaminoglycans (Adequan)
- h. cyclosporin
- i. misoprostol
- j. IV rehydration fluids; within the guidelines of the Prohibited Practice
- k. Vitamins

As per A1003.4 **Endurance horses may only compete with** the permitted medications listed in subparagraphs **B through K**.

Endurance horses **may not compete** with non-steroidal anti-inflammatory drugs (NSAIDs).

#### **ARTICLE A1005 EMERGENCY VETERINARY TREATMENT**

If a horse experienced an **acute illness or injury** while in, or ahead of, an EC sanctioned competition and required **immediate treatment** by a licenced veterinarian with a non-permitted drug which may not have eliminated from the horse's system in time for competition, an Emergency Medication Report Form must be submitted to Equestrian Canada via the EC Steward or Technical Delegate and the horse withdrawn from the competition for the required timeframe.

##### **What is an acute illness/injury?**

- Colic
- Hives/allergic reaction
- Asthma
- Laceration/cut

##### **What is **NOT** an acute illness/injury?**

- Shipping
- Clipping
- Shoeing
- Elective procedures (dentistry)

When a horse is administered **any medication that is NOT on the list** in A1003 above, they must be **withdrawn from the EC competition for a minimum of 24 hours**.

There are two exceptions to this rule:

- a. **12 Hour Withdrawal:** A horse that has been treated with a **single dose of injectable dexamethasone** (intravenous (IV) or intramuscular (IM) only), **up to a maximum of 10mg**, administered by a licensed veterinarian for an acute allergic reaction such as hives/urticaria or asthma. **Permitted ONCE per competition**. Subsequent administration of dexamethasone requires 24-hour withdrawal.
- b. **No Withdrawal Required:** a horse that has been treated with **salbutamol and/or fluticasone and/or ciclesonide** administered as per veterinary prescription, **by metered-dose inhaler** for acute respiratory ailment, may continue to compete, and is not required to observe a withdrawal from competition. Subsequent administrations do not require the resubmission of an emergency medication report form.

**These exceptions do not apply in the sport of Endurance.**



## Emergency Medication Report Form How to:

### Step 1 – Accept and review the form from the submitter

- Check the form for completeness and that it identifies the horse and the Person Responsible.
- Where possible, request that any missing information be completed.

Horse Name: <small>REQUIRED</small>	Age:	Sex:	Weight:	Horse <input type="checkbox"/> Pony <input type="checkbox"/>
Entry #: <small>REQUIRED</small>	EC Horse Recording #:		Microchip #:	
Colour & Markings:				
Person Responsible: <small>REQUIRED</small>			EC Sport Licence (USEF) #:	
Owner's Name:			EC Sport Licence (USEF) #:	

### Step 2 – Review the Medication Section and Veterinary Contact section

- Check that each field for the medication is completed and that there is a name and phone number of the Veterinarian who administered the medication.

#### IDENTIFICATION OF MEDICATION(S) (PRINT CLEARLY – TO BE COMPLETED BY ADMINISTERING VETERINARIAN)

	Drug #1	Drug #2	Drug #3
Generic Name			
Amount Administered & Concentration			
Route of Administration			
Date(s) & time(s) of ALL Administration(s)			
Date & Time of the <b>FINAL</b> Administration			
Diagnosis / Reason for Administration			
FOR 10mg IV/IM DEXAMETHASONE ONLY:	Is this the <b>FIRST DOSE</b> administered <b>THIS</b> competition?		<input type="checkbox"/> YES <input type="checkbox"/> NO <small>(2<sup>nd</sup> or subsequent)</small> If YES – 12 hr withdrawal. If NO – 24 hr withdrawal

#### NAME AND CONTACT OF VETERINARIAN ADMINISTERING MEDICATION

Name: (print clearly) <small>REQUIRED</small>	Signature: <small>REQUIRED</small> <small>(Signature not required if online Veterinary Declaration completed by treating veterinarian)</small>
Telephone Number: <small>REQUIRED</small>	Email:

### Step 3 – Complete the Competition information

- Note the date and time you received the form and fill in the competition information.

#### TO BE COMPLETED BY THE STEWARD/TECHNICAL DELEGATE

Date Form Received: <small>REQUIRED</small>	Time Received: <small>REQUIRED</small>	<input type="checkbox"/> AM <input type="checkbox"/> PM
Competition #: <small>REQUIRED</small>	Name of Competition:	
Date(s) of Competition: <small>REQUIRED</small>	City and Province:	



**Step 4 – Determine the **withdrawal from competition** period required of the horse as per EC Rules**

- Review ALL the medication(s) administered and compare them to the permitted medication list in A1003.
- If a medication report form has multiple listed, the medication with the LONGEST withdrawal time must be observed.

**As the Withdrawal from Competition timeframe is based on EC Rules, Article A1005.1, EC Officials provide confirmation to ensure PRs follow the correct timeframe. Veterinarians may make recommendations to PRs based on horse welfare and fitness to compete, not necessarily EC Rules.**

Is the medication on the permitted list?				
Yes	No			
Traditionally a form is not required for a medication on the permitted list.	Is the medication Dexamethasone? (aka Dex)			
You may receive a form that has a permitted medication on it because: <ul style="list-style-type: none"> <li>• There are other medications listed on the form – follow the flow chart for each medication.</li> <li>• The horse has been administered a 2<sup>nd</sup> NSAID – 24-hour withdrawal.</li> <li>• The individual is being extra cautious – accept and submit the form.</li> </ul>	Yes		No	
	Is this the FIRST DOSE at this competition number?		Is the medication one or more of; salbutamol and/or fluticasone and/or ciclesonide?	
	Yes	No	Yes	No
	12-hour withdrawal	24-hour withdrawal	No withdrawal required	24-hour withdrawal

**Example:**

IDENTIFICATION OF MEDICATION(S) (PRINT CLEARLY)			
	Drug #1	Drug #2	Drug #3
Generic Name	Butorphanol	Xylazine	Flunixin
Amount Administered & Concentration	10 mg	150 mg	500 mg
Route of Administration	IV	IV	IV
Date(s) of all Administrations	July 24/2025	July 24/2025	July 24/2025
Date/Time of Final Administration	4:30 July 24/25	4:30am	4:20 pm

BUTORPHANOL <b>NOT Permitted</b>	XYLAZINE <b>NOT Permitted</b>	FLUNIXIN <b>Permitted</b>
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- Two medications that are **NOT** Permitted = 24-hour withdrawal period.



**Step 5 – Calculate the date and time the horse is eligible to return to competition**

- Using the withdrawal period from the step prior add that to the date and time of the FINAL Administration of the medication(s).

**NOTE: If the Veterinarian did not fill in the date and time of the final administration, calculate the time eligible to return from the date and time you RECEIVED the form.**

Date & Time of the FINAL Administration	REC EACH FIELD	REC EACH FIELD	REC EACH FIELD
Diagnosis / Reason for Administration	REC EACH FIELD	REC EACH FIELD	REC EACH FIELD
FOR 10mg IV/IM DEXAMETHASONE ONLY:	Is this the FIRST DOSE administered THIS competition?		<input type="checkbox"/> YES <input type="checkbox"/> NO (2 <sup>nd</sup> or subsequent) <small>If YES – 12 hr withdrawal. If NO – 24 hr withdrawal</small>

**STEWARD/TECHNICAL DELEGATE COMMENTS: REQUIRED**

EMERGENCY TREATMENT REQUIRES A HORSE TO BE WITHDRAWN FROM COMPETITION AS PER EC RULES (1005.3.b)

<input type="checkbox"/> <b>No withdrawal required</b> <small>(Applicable to administration of salbutamol and/or fluticasone and/or ciclesonide by metred-dose inhaler ONLY)</small>	<input type="checkbox"/> <b>12-hour withdrawal</b> <small>(Applicable to FIRST DOSE of up to 10mg of IV or IM Dexamethasone ONLY maximum ONCE per competition)</small>	<input type="checkbox"/> <b>24-hour withdrawal</b> <small>(Applicable to all non-permitted medications administered, or a 2<sup>nd</sup> permitted NSAID as per A1003)</small>	<input type="checkbox"/> <b>Horse withdrew from competition.</b>
<b>DATE &amp; TIME ELIGIBLE TO RETURN TO COMPETITION:</b>			

**Example:**

IDENTIFICATION OF MEDICATION(S) (PRINT CLEARLY)			
	Drug #1	Drug #2	Drug #3
Generic Name	Butorphanol	Xylazine	Flunixin
Amount Administered & Concentration	10 mg	150 mg	500 mg
Route of Administration	IV	IV	IV
Date(s) of all Administrations	July 24/2025	July 24/2025	July 24/2025
Date/Time of Final Administration	4:30 July 24/25	4:30am	4:20 pm

AN INCOMPLETE!

- Return to competition date and time = July 24 at 4:30pm + 24hrs = July 25 at 4:30pm.
- Fill in the date and time in the space provided.

**STEWARD/TECHNICAL DELEGATE COMMENTS: REQUIRED**

EMERGENCY TREATMENT REQUIRES A HORSE TO BE WITHDRAWN FROM COMPETITION AS PER EC RULES (1005.3.b)

<input type="checkbox"/> <b>No withdrawal required</b> <small>(Applicable to administration of salbutamol and/or fluticasone and/or ciclesonide by metred-dose inhaler ONLY)</small>	<input type="checkbox"/> <b>12-hour withdrawal</b> <small>(Applicable to FIRST DOSE of up to 10mg of IV or IM Dexamethasone ONLY maximum ONCE per competition)</small>	<input checked="" type="checkbox"/> <b>24-hour withdrawal</b> <small>(Applicable to all non-permitted medications administered, or a 2<sup>nd</sup> permitted NSAID as per A1003)</small>	<input type="checkbox"/> <b>Horse withdrew from competition.</b>
<b>DATE &amp; TIME ELIGIBLE TO RETURN TO COMPETITION:</b> July 25, 2025 - 4:30pm			

**Step 6 – Sign and submit the completed form**

- Offer the submitter to take a photo of the completed form.
- Submit to [equinemeds@equestrian.ca](mailto:equinemeds@equestrian.ca)

**NAME & SIGNATURE OF EC STEWARD/TECHNICAL DELEGATE**

Name: (print clearly)	REQUIRED	Signature:	REQUIRED	EC Number:	REQUIRED
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Please email the completed form to Equestrian Canada as soon as it is received: [equinemeds@equestrian.ca](mailto:equinemeds@equestrian.ca)