

AGRICULTURAL SOCIETIES COUNCIL OF NSW LTD.

Your Country Show Movement

In accordance with ASC Disciplinary Rules where the regulations of any recognised Show require, this form shall be completed for any Horse that has been administered/treated with any Medication, Drug or Substance within 30 days prior to competing in any recognised or Official Show where Drug Testing is being undertaken.

This form must be submitted to the Swab Steward at the time of swabbing.

NT CTT			
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Microchip Nu	mber:		
Name of Exhi	bitor:		
Phone Numbe	r:		
Address:			
Reason For	Treatment:		
	1		
Name of Vet:	Date	Name & Type of Medication	Amount
	1	,	Amount
Your attention Official Event	Date is drawn to the Lodging this for	,	ultural Society
Your attention Official Event BREACH OF	Date is drawn to the Lodging this for THE RULES m	Name & Type of Medication ASC DISCIPLINARY RULES that apply to any Agricorm does not release an Exhibit from being DRUG TES	ultural Society TED. Any