



# Pony Club Association of Victoria Inc

Inc Number A13413S

## Medication Control Notification Form

Date

Time

Event/Competition

Section/Class

Medication Control Selection

Ground Jury/Judge(signature)

Rider Name

Rider Club

Horse Name

**Is the rider a junior? If so, an adult person must be nominated on this form as the person responsible for the horse. An adult must also witness the sampling process on behalf of the junior rider.**

**Nominated Person Responsible on behalf of the junior**

(This person accepts responsibility for the horse in all respects)

**Signature of Nominated Person Responsible**

You are instructed to accompany the Medication Control Testing stewards/officials and present your horse for Medication Control sampling immediately.

It is your obligation, under the rules of the PCAV to attend and witness the sampling of your horse as "the Person Responsible".

I, \_\_\_\_\_ declare that I have been advised of request for sampling of the horse mentioned above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may elect to nominate a person to represent you in this capacity. If you choose to do so, please formally nominate your representative by completing and signing the form below.

**Nomination Section (must be completed by the rider)**

I, \_\_\_\_\_ (person responsible) do hereby nominate and authorise \_\_\_\_\_ to act as my representative during the sampling of the horse described above for Medication Control on this day.

**Signed (by both parties)**

**Person Responsible (rider)**

**Nominated Person Responsible (representative)**