



LOGBOOK

FOR THE DECLARATION OF EQUINE MEDICATION / TREATMENTS

Horse's name:	
Description: <i>Brands / Microchip, Gender / Colour</i>	
Owner's name:	
Player's name:	

I acknowledge the completion of this logbook does not exonerate the abovementioned horse / owner / rider in the event of the return of a positive swab.

I further acknowledge that failure to accurately record any controlled medications administered to the above described horse may be deemed an act of misconduct, potentially resulting in action being taken by the PA Disciplinary Committee.

Signed : _____ Date : ____/____/____

Print name : _____ Owner of horse / Player

(Must be over 18 years of age)



Medication and treatment record:

It is compulsory to record this information for horses that have been administered **controlled and/or prohibited substances**, as outlined in the *Polocrosse Australia Horse Drug Testing Policy* (February 2026), for 14 days prior to and during the nominated competition.

This document will be required to be produced if an issue arises with the horse or when the horse is submitted for collection of samples for drug testing purposes.

To check the status of your horse’s medication or supplements [click here](#)

Date medication administered	Name of medication administered and active ingredient (e.g. phenylbutazone)	Dose and route of administration (e.g. IM ,IV , IA , oral, nasal)	Reason for use of substance (e.g.: injury, infection, colic etc)	Person responsible for administration of medication	Treating veterinarian (where applicable)

This is to certify that this is an accurate record of any controlled or prohibited substances administered to the above described horse within the 14 days prior to and during the nominated competition.