

ESC Medication Report Form FAQ & Quick Reference Guide

Q: Where do I file?

A: Head to <https://equinesportscouncil.org/medreport/> or scan this QR code with your camera to access.



Q: What information do I need to have prior to filing?

A: You will need the following information about your horse and the following information about the medication you are administering:

- Horse's Registered Name
- Breed, Sex, Age, Color, Weight & Temperature of the Horse
- Name of Medication, Date/Time Administered, Amount, Strength & Route of Administration

Q: When do I file?

A: Medication Reports for Controlled Substances should be filed **within 24 hours of administration** unless otherwise specified.



SEARCH CONTROLLED & BANNED SUBSTANCES

<https://equinesportscouncil.org/controlledsubstances/>



GENERALLY ALLOWED MEDICATIONS

<https://equinesportscouncil.org/rxallowed/>

ONE TIME PRESCRIPTION ON FILE

The following medications must have a prescription on file. By submitting the prescription information through the medication report, you will be covered for the entirety of the show and will not need to refile during that show.

This prescription may be filed prior the start of the show, but must be filed within 24 hours of competing.

| DRUG NAME | AMOUNT | STRENGTH |
|------------------------------|---------------------------------|---|
| Equioxx or Firocoxib | As Directed Daily - No Withdraw | 45.5 mg/1000Lb, oral |
| Isoxsuprine | As Directed - No Withdraw | See Label |
| Oclacitinib Tablet (Apoquel) | As Directed - No Withdraw | 16mg |
| Pentoxifylline | As Directed - No Withdraw | Powder: 4gm/scoop Suspension: 4gm/30ml |
| Pergolide (Prascend) | As Directed- No Withdraw | 1mg |
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GENERALLY ALLOWED NSAIDS

Note: NSAID stacking is not permitted. For ophthalmic or other emergencies, consult your veterinarian for instructions.

| DRUG NAME | RECOMMENDED DOSING | WITHDRAW TIME | REPORT REQUIREMENTS |
|--------------------------------|---------------------------------------|--|-------------------------------|
| Diclofenac (Surpass) | 5 Inch Ribbon | 12 Hours | No Report if Used As Directed |
| Firocoxib (Equioxx) | 45.5 mg/1000Lb, oral | No Withdraw Required | No Report if Used As Directed |
| Flunixin (Banamine) | 500 mg/1000Lb, oral/IV | 12 Hours - if stacking 6 Hours - No Stacking or other NSAID for 36 hours previously | No Report if Used As Directed |
| Ketoprofen (Ketofen) | 1.0 gram/1000Lb | 12 Hours | No Report if Used As Directed |
| Naproxen (Equiproxen/Naprosyn) | 4.0 grams/1000Lb, oral | 12 Hours | No Report if Used As Directed |
| Phenylbutazone (Bute) | 2 grams/1000Lb Oral or 10cc/1000LB IV | 12 Hours - if stacking 6 Hours - No Stacking or | No Report if Used As Directed |

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|--|--|-------------------------------------|--|
| | | other NSAID for 36 hours previously | |
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SEDATIVES

| DRUG NAME | AMOUNT | STRENGTH | REPORT REQUIREMENTS |
|--------------|-------------|----------|---|
| Acepromazine | As Directed | 10mg/ml | Report if given orally within 72 hours & IV within 48 hours |
| Dormosedan | As Directed | 10mg/ml | Report if given within 48 hours |
| Xylazine | As Directed | 100mg/ml | Report if given within 7 days |
| Butorphanol | As Directed | 10mg/ml | Report if given within 7 days |
| Romifidine | As Directed | 1% | Report if given within 7 days |

STEROIDS USED FOR INJECTIONS

| DRUG NAME | AMOUNT | STRENGTH | REPORT REQUIREMENTS |
|--------------------|----------------------|--------------------|---|
| Betamethasone | Consult Veterinarian | 6mg/ml | Report if administered within 7 days |
| Methylprednisolone | Consult Veterinarian | 20mg/ml or 40mg/ml | Report if administered within 14 days |
| Isoflupredone | Consult Veterinarian | 2mg/ml | Sacroiliac Injections- file within 28 days All other use- file within 7 days |

RESPIRATORY MEDICATIONS

| DRUG NAME | STRENGTH | WITHDRAW TIME | REPORT REQUIREMENTS |
|------------------------------|-----------|---------------|-------------------------------|
| Tri-Hist: Pyrilamine Maleate | 600mg/oz | 24 hours | Report if given within 7 days |
| Tri-Hist: Pseudoephedrine | 600mg/oz | 24 hours | Report if given within 7 days |
| Clenbuterol (Ventipulmin) | 4gm/30ml | 24 hours | Report if given within 7 days |
| Fluticasone | See Label | 24 hours | Report if given within 7 days |
| Albuterol | See Label | 24 hours | Report if given within 7 days |

DIAGNOSTIC OR THERAPEUTIC BLOCKS

| DRUG NAME | STRENGTH | WITHDRAW TIME | REPORT REQUIREMENTS |
|------------|-------------|---------------|--------------------------------------|
| Carbocaine | 20mg/ml | 24 hours | Report if administered within 7 days |
| Lidocaine | 2% Solution | 24 hours | Report if administered within 7 days |

OTHER MEDICATIONS

| DRUG NAME | STRENGTH | WITHDRAW TIME | REPORT REQUIREMENTS |
|-------------------------|-------------|---------------|--------------------------------------|
| Triamcinolone (Vetalog) | 2 or 6mg/ml | 24 hours | Report if administered within 7 days |

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|---------------------------|-----------|------------|--|
| Methocarbamol/ Robaxin | See Label | 12 hours | No Report if Used As Directed |
| Dantrolene | See Label | 24 hours | Report if administered within 7 days |
| Dexamethasone IV | 4mg/ml | > 6 hours | Must file report |
| Dexamethasone Oral | See Label | > 12 hours | Must file report |

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