

**Declaration of Medication Administration**

To be handed over to the responsible commission at the licensing site

**Ref.:** Holsteiner Stallion Inspection North America

**Horse information:**

breeding: \_\_\_\_\_  
Reg. No.: \_\_\_\_\_ color: \_\_\_\_\_  
owner: \_\_\_\_\_

We herewith confirm that the horse stated above has only been administered the following medication / substances (not including anthelmintics/ dewormers and vaccinations) since September 01, 2021:

date	Agent	route (oral, topical, injection, inhalation)	reason / diagnosis	signature of vet/ person responsible (stamp)

The stallions has had no medication administered since the time stated above.

Signature of owner/ authorized person: \_\_\_\_\_