

ANIMAL TREATMENT NOTIFICATION FORM

IMPORTANT INFORMATION

Exhibits that are under treatment on arrival must have treatment sheets submitted to Superintendents Office within 12 hours of arrival and scheduled pharmaceuticals must have authorisation of the prescribing Veterinary Surgeon.

Failure to disclose may result in your exhibit not being allowed to compete

EXHIBITORS DETAILS	
Exhibitor Name	
Contact Number	
Competition Section	
EXHIBIT (ANIMAL) UNDER TREATMENT	
Exhibit Name	
Animal ID <small>(i.e. Tattoo or Rego No, Cat No etc)</small>	
PRESCRIBING VETERINARIAN (HOME VET)	
Practice Name	
Practice Address	
Veterinarian's Name	
Contact Phone Number	
DRUGS PRESCRIBED / TREATMENT	
Drugs Prescribed	
Reason for Treatment	

Exhibitor Signature: _____ Date: _____

RNA Veterinarian Signature: _____ Date: _____

NOTES

CONTACT NUMBERS

VETS - HORSE: (07) 3253 9252 - ALL OTHER ANIMALS: 0488 911 244
SUPERINTENDANTS – HORSE 0419 014 050 – LARGE ANIMAL PAVILION 0407 693 890