



Royal Agricultural Society of NSW

SYDNEY ROYAL EASTER SHOW - TREATMENT NOTIFICATION FORM

Please circle one of the following: Horse Poultry Sheep Cattle-Dairy Goat Cattle-Beef Alpaca Pig Companion Animals

Animal Identification (include Catalogue Number) Breed

Name of Exhibitor (print)

Email Mobile

Has your exhibit been treated by an RAS Veterinarian or a Private (non-RAS) Veterinarian (tick box)

RAS Vet Private Vet Exhibitor Other (Please Specify)

Name Mobile

I, the Exhibitor/Exhibitor's Representative, have been advised that the Chair of the Sectional Committee may exclude from any class or classes any Exhibit to which a Prohibited Substance has been administered.

Signature of Exhibitor/Exhibitor's Representative Date

Table with 3 columns: Class Number(s), Date, Time. Rows 1-4.

Table with 7 columns: Date, Time, Substance Administered, Amount Given, Route of Admin., Administered by: Vet or Exhibitor or Other (please specify), Name of Person Administering dose.

Reason for Treatment:

I,, an RAS Veterinary Surgeon, has informed the Exhibitor/Exhibitor's Representative that this treatment may give a positive test result to a Prohibited Substance.

Signature of Veterinary Surgeon Date

RAS COMPETITION OFFICE TO COMPLETE. Date received by Office, Received by (Name), Time received by Office, Event Manager Responsible.

Anti-inflammatory/painkilling treatments for cattle

I,, Veterinary Committee Representative, have reviewed the circumstances with the attending Veterinary Surgeon and advise as follows:

.....

Signature Date

Information provided by Exhibitors is primarily used to organise, process and conduct Competitions. The RAS Privacy Policy is available at www.rasnw.com.au. This form must be handed into the relevant Section Event Manager by 6.00 pm on the day prior to the exhibits next event. For dogs it must be handed in to the Section Event Manager by 8.30 am on the day of exhibition.

VETERINARY COMMITTEE ONLY I recommend that this exhibit is permitted/not permitted to compete in the above class(es) (please circle)

Representative of Veterinary Committee

Chair: Horse/ Cattle/ Companion Animals/ Sheep/ Poultry/ Goat/ Alpaca/ Pig Approved/Not Approved (please circle)

Signature Date

(Top sheet) White - Vet Committee Blue - Sectional Committee Pink - Exhibitor