



## MEDICATION & TREATMENT DISCLOSURE

Per CONDITION TWELFTH of Keeneland's Conditions of Sale, please complete one form per entered horse, listing all medications and treatments administered to the horse within 14 days of sale, including dosage and route of administration, and submit to Keeneland's Stable Office upon the horse's arrival. Should any horse be qualified for medication or treatment under the Conditions of Sale within 48 hours of the sale, forms to allow for updated disclosure of such treatment(s) are available in the Stable Office and in the Repository. Please print or write legibly.

Please refer to Keeneland's Conditions of Sale (<https://www.keeneland.com/sales/conditions-sale>) to review Keeneland's medication and treatment rules and limited warranties, paying particular attention to Conditions ELEVENTH, TWELFTH and THIRTEENTH.

**By signing below, each undersigned administrator certifies that (1) the information provided by him/her herein is clear, accurate, and complete in all material respects; and (2) he/she has read and agrees to abide by the Keeneland Conditions of Sale and, in particular, Keeneland's medication and treatment rules and limited warranties set forth in CONDITIONS ELEVENTH, TWELFTH AND THIRTEENTH. Further, by signing below, each undersigned veterinarian certifies that he/she is duly licensed and authorized to practice veterinary medicine in the Commonwealth of Kentucky.**

**HIP #** \_\_\_\_\_ **HORSE NAME** \_\_\_\_\_

**SIRE** \_\_\_\_\_ **DAM** \_\_\_\_\_

**AGE** \_\_\_\_\_ **SEX** \_\_\_\_\_

**CONSIGNOR** \_\_\_\_\_

Medication/Treatment	Dosage	Route of Administration	Date/Time of Administration
<b>Diagnosis:</b>			

**Administrator: (Sign)** \_\_\_\_\_ **(Print)** \_\_\_\_\_

Medication/Treatment	Dosage	Route of Administration	Date/Time of Administration
<b>Diagnosis:</b>			

**Administrator: (Sign)** \_\_\_\_\_ **(Print)** \_\_\_\_\_

Medication/Treatment	Dosage	Route of Administration	Date/Time of Administration
<b>Diagnosis:</b>			

**Administrator: (Sign)** \_\_\_\_\_ **(Print)** \_\_\_\_\_

Medication/Treatment	Dosage	Route of Administration	Date/Time of Administration
Diagnosis:			

Administrator: (Sign) \_\_\_\_\_ (Print) \_\_\_\_\_

Medication/Treatment	Dosage	Route of Administration	Date/Time of Administration
Diagnosis:			

Administrator: (Sign) \_\_\_\_\_ (Print) \_\_\_\_\_

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Diagnosis:			

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Diagnosis:			

Administrator: (Sign) \_\_\_\_\_ (Print) \_\_\_\_\_