



**MEDICATION AND DOPING CONTROL FOR HORSES RACING IN GREAT BRITAIN**

**TRAINER DECLARATION**

I, .....(print name), the trainer of .....(horse), which has been entered in the .....(race) at .....(racecourse) on ..... (date), confirm that:

(a) \* .....(horse) has never been administered any prohibited substance or prohibited method that is listed as prohibited at all times in [Schedule \(G\)1 – The Prohibited List](#) (Part 1-6).

OR

(b) \* .....(horse) has been administered a prohibited substance(s) or prohibited method(s) that is listed as prohibited at all times in [Schedule \(G\)1 – The Prohibited List](#), (Part 1-6), and the details are as follows:

\*Please delete as necessary

Date Administered	Product		Route of Administration	Dose	Reason for administration
	Trade Name	Active Ingredients			

Trainer's name: .....

Address: .....

.....

Telephone number: ..... Mobile: .....

E-mail address: .....

Signature: ..... Date: .....

**Please return completed declaration to: [anti-doping@britishhorseracing.com](mailto:anti-doping@britishhorseracing.com)**