## Request for medication -request for scrutiny-

Dog owner:	Name, first name:						
	Street:Post code/town:Tel.:E-Mail:						
				Nat. assoc.:			
				Dog:	Name (as in the pedigree): Chip no: Breed:		
				Drug name:	medical prescription for the contract of the c	or the following medication:	
	riotive substant						
Type of adminis	tration:						
□ oral	□intravenous	□intramuscular					
□ inhale	□ other:						
Veterinarian (ad	ddress, stamp, signatur	e):					

## Please note!

Information about substances and methods that are prohibited at all times (in and out of competition) can be found on the WSA website in the list of prohibited substances and methods for dogs.

The WSA is not liable for the content of information provided in the context of enquiries about the admissibility or the use of a specific drug or the application of a method ("medication requests"). The exclusion of liability also applies to any damage caused because of incorrectly supplied information.

Neither the information available from the websites of the WSA, nor any information provided on request in the context of drug information constitutes a consulting contract between the user and the WSA. The information provided is solely a knowledge assertion. The observance of advice cannot be held against the WSA. Each user does so at their own risk.