



# AERA FORM 13 EADCMR SAMPLING PROCESS FORM

ABN: 14 684 748 206  
 Inc No: Y1458516

DATE		ENDURANCE EVENT	
CHIEF STEWARD		HEAD VET	
SWABBING STEWARD		NO. OF HORSES TO BE SWABBED	

**Sampling Process:** (Please tick option(s) to be used)

**Random** – Selection of horses to be swabbed on a random basis

**State random selection method to be utilised**

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**Targeted** – No definition of reason for targeting required

Horse Bib Numbers									
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**Obligatory**

**State Championship:**

1<sup>st</sup> placed horse in each riding division

**Tom Quilty Gold Cup:**

1<sup>st</sup> placed horse in each riding division

6 additional horses to be sampled

Signed

Signed

Chief Steward

Head Vet

Please send this completed form to the AERA National Medication Control Officer (Marylou Locke) at [maryloulocke@bigpond.com](mailto:maryloulocke@bigpond.com)