2025

AQHA GUIDELINES & RULES FOR

DRUGS AND MEDICATIONS

AQHA
AMERICAN QUARTER HORSE ASSOCIATION

Revised
June 2025

Questions about medications? Call the USEF Medication Hotline 1-800-633-2472

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AQHA DRUGS AND MEDICATIONS GUIDELINES

AQHA's drug testing program is designed to ensure that horses competing in AQHA-sanctioned competitions are doing so in a manner that will promote the safety and well-being of all horses competing, and ensure the enforcement of fair and equitable rules and procedures. AQHA's policies concerning the administration of controlled substances (drugs) are well documented as being among the most stringent in the equine industry. AQHA began drug testing at AQHA-approved shows in 1973 and was among the first, if not the first, equine breed association to do so.

AQHA spends more than $1 million annually to test for evidence of controlled substances in horses competing in AQHA-approved events. The AQHA Executive Committee has taken action - including investigation, prosecution and suspension of privileges and/or fines being levied on all cases where substantial evidence existed of violations of AQHA's controlled substances rules. AQHA's official medications rules are set forth in the Violations section of the *AQHA Official Handbook of Rules and Regulations*.

AQHA contracts with the United States Equestrian Federation (USEF) to conduct drug testing at AQHA-approved shows. AQHA identifies shows to be drug tested and notifies USEF of the dates and locations of the shows. USEF schedules a testing veterinarian to attend the show. The veterinarian and his or her technicians perform random testing at shows throughout the year.

GUIDELINES REGARDING THE AQHA EQUINE DRUGS AND MEDICATIONS RULES

1. Introduction

The guidelines contained herein include advice about understanding the AQHA Equine Drugs and Medications Rules and applying it in practical situations. Their purpose is to help accommodate legitimate therapy in compliance with the requirements of the rules. **THESE ARE ONLY GUIDELINES. It is important to consult a licensed veterinarian in determining whether the substance is required for the welfare of the horse and when determining the dosage under the AQHA Equine Drugs and Medication Rules.**

The guidelines contained herein are applicable to most horses and can minimize the chances of positive drug tests. However, reliance upon these guidelines does not guarantee compliance with the rules, because the response of individual horses can vary. Reliance upon these guidelines is not a defense in the event of a violation. Exhibitors, owners and trainers should consult the drug manufacturer and knowledgeable veterinarians for up-to-date information and more specific advice concerning the therapeutic use of a drug or medication for a particular horse.

AQHA medications rules and guidelines address the following three categories of drugs/substances that are discussed in more detail below:

- Prohibited drugs or substances.
- Permitted medications within 24 hours of showing (13 total).
- Conditionally permitted therapeutic medications used for the legitimate treatment of illness or injury (minimum 24-hour withdrawal period prior to competition).

2. Prohibited Drugs or Substances

AQHA Medications Rules do not allow drugs and medications that can affect a horse's performance, disposition or appearance. The following substances cannot be administered, internally or externally, to a horse showing at an AQHA-approved event:

- Any product that contains an ingredient or is a drug that might affect the performance of a horse as a stimulant, depressant, tranquilizer, analgesic, local anesthetic or psychotropic (mood-and/or behavior-altering) substance. Stimulants and depressants are defined as substances that stimulate or depress the cardiovascular, respiratory or central nervous system.
- Any substance, regardless of how harmless or innocuous it might be, that might interfere with drug-testing procedures.
- Any anabolic steroid.
- Any nonsteroidal anti-inflammatory drug (NSAID) other than those allowed by AQHA at the proper therapeutic dosage as contained in these guidelines.
- Clenbuterol.
- Albuterol.
- Ractopamine.
- Zilpaterol.
- Medroxyprogesterone Acetate violations effective 8/15/21.
- Any metabolite and/or analog of any of the above described prohibited drugs or substances.

Attachment 1 (Page 13) to these guidelines provides a common list of prohibited substances. However, the number of substances that potentially affect the performance of a horse are too numerous to list. Under no circumstances is a medication report form accepted for such substances.

3. Caution Against the Use of Herbal / Natural Products

TRAINERS, OWNERS, EXHIBITORS AND THEIR VETERINARIANS ARE CAUTIONED AGAINST THE USE OF MEDICINAL PREPARATIONS, TONICS, PASTES, POWDERS AND PRODUCTS OF ANY KIND, INCLUDING THOSE USED TOPICALLY.

Persons administering an herbal or natural product to a horse to affect its performance, having been comforted by claims that the plant origin of its ingredients causes it to be permitted by the rules as well as undetectable by drug tests, might have been misled.

The use of herbal and natural products in a horse might result in a positive drug test, i.e., a finding of a *prohibited* substance, contrary to claims by those who manufacture and/or market such products for profit. The plant origin of any ingredient does not preclude its containing a pharmacologically potent and readily detectable *prohibited* substance, e.g., cocaine, heroin and marijuana all come from plants.

Although the use of some of these products may not have resulted in positive drug tests in the past, this may change, as equine drug testing incorporates new methods into its battery of screening tests, a deliberate and ongoing process.

For the above reasons, AQHA cautions against the use of herbal and natural products. The ingredients and properties of products to be classified as prohibited are valerian, kava kava, passionflower, skullcap, chamomile, vervain, leopard's bane, night shade, capsaicin, comfrey, devil's claw, hops, laurel, lavender, red poppy and rawuolfia.

4. Caution Against the Use of Compounded Substances

Exhibitors, owners, trainers and veterinarians are cautioned against the use of compounded medications or those formulated at compounding pharmacies. The ingredients and quantitative analysis of the products may not be known and could contain a prohibited substance or quantities of substances that could result in a positive test.

5. Permitted Medications Within 24 Hours of Showing

Within the guidelines contained herein, the following 13 therapeutic medications may be administered by a licensed veterinarian, caretaker or responsible individual to a horse with a legitimate injury or illness within 24 hours of showing without the necessity of filling out a Medication Report Form.

Nonsteroidal anti-inflammatory drugs (NSAIDs) (1-7 below)

1. Phenylbutazone (Bute®)
2. Diclofenac (Surpass®)
3. Flunixin Meglumine (Banamine®)
4. Ketoprofen (Ketofen®)
5. Meclofenamic Acid (Arquel®)
6. Naproxen (Equiproxen®)
7. Firocoxib (Equioxx®)

Other Permitted Medications

8. Acetazolamide
9. Furosemide (Lasix®)
10. lsoxsuprine (Vasodilan®)
11. Lidocaine/Mepivacaine (permitted only for special circumstances; see Page 18)
12. Dexamethasone (Dexject SP®)
13. Methocarbamol

Additional information for NSAIDS (1-7 above)

- NSAIDs are to be administered to a horse only for a therapeutic purpose, and only the NSAIDS listed in 1-7 above are permitted to be used. When administered, the NSAIDs above should be administered in accordance with the guidelines contained herein, and no other NSAIDs are to be administered.
- Whenever a permitted NSAID is administered, any additional permitted NSAID must not have been administered during the three (3) days prior to competing.
- Whenever any NSAID is administered that is not permitted to be used, it should not have been administered during the seven (7) days prior to competing.
- Not more than one of the NSAIDS listed in 1-7 above are permitted to be present in the same plasma or urine sample.
- Whenever any NSAID is administered to a horse in a manner that might cause the plasma concentration to exceed the quantitative restrictions of the rule (in the case of those permitted to be used), or might cause more than one NSAID to be detected in the animal's blood or urine sample, or might cause the NSAID to be detected at any concentration in the animal's blood or urine sample (in the case of those not permitted to be used), the trainer and/or owner must withdraw the horse from competition, and the animal should be withheld from competition until the plasma concentration of any permitted NSAID returns to acceptable concentrations and/or until any NSAID prohibited at any concentration is no longer present in the animal's blood or urine sample.

  For allowed dosage amounts and time recommendations for the NSAIDS listed in 1-7 above, refer to the guidelines listed in **Attachment 2 (pages 14-15)** and **Attachment 3 (pages 16-17)**.

For allowed dosage amounts and time recommendations for Acetazolomide, Furosemide (Lasix®), Isoxsuprine (Vasodilan®), Lidocaine/Mepivicaine, Methocarbamol and Dexamethasone (Dexject SP®), refer to the guidelines listed in **Attachment 4 (pages 18-21)**.

6. Conditionally Permitted Therapeutic Medications Used for the Legitimate Treatment of Illness or Injury

Any drug, medication or substance that could affect the performance of a horse that is used for the legitimate treatment of illness or injury and is **NOT** a(n) (a) anabolic steroid, (b) nonsteroidal anti-inflammatory drug (NSAID) other than those allowed by AQHA, (c) clenbuterol or (d) albuterol (albuterol is prohibited effective November 1, 2019) shall be considered a conditionally permitted therapeutic medication. However, conditionally permitted therapeutic medications are prohibited and use thereof subjects the person to disciplinary action, unless all conditions of their administration are met per AQHA rules. Common examples of these type of drugs are listed in **Attachment 5 (Page 22)**.

Each of the following requirements **(which includes a minimum 24-hour withdrawal rule)** is a condition to authorize administration of conditionally permitted therapeutic medications, **which shall be verified in a written medication report**, available from AQHA or show management, completed in its entirety, and filed by a representative of the horse with show management before exhibition of the horse:

- Administration by a veterinarian who is licensed to practice veterinary medicine in the state, province or country where the event is being held or from a written prescription (written instructions) by a licensed veterinarian that documents administration of the medication is necessary for the legitimate treatment of illness or injury. The administration of a conditionally permitted therapeutic medication for the purpose of transport, grooming, training, etc. is not therapeutic under this authorization rule.

- **The horse must be withdrawn and kept out of competition for not less than 24 hours after the medication is administered, with the exception of Furosemide (Lasix®).**
- Identification of the medication: the name, amount, strength/concentration and mode of administration.
- Date and time of administration.
- Identification of the horse: name, age, sex, color and entry number.
- Diagnosis of illness/injury, reason for administration and name of administering and/or prescribing veterinarian.
- Signature of veterinarian or person administering the medication. If by prescription (written instructions), a copy must be attached to the medication report.
- The medication report must be filed with show management within one (1) hour after administration of the medication; or within one (1) hour after show management is available if administration occurs at a time other than during competition hours.
- The medication report must be signed by show management and time of receipt recorded on the report.
- While the medication report must be filed only if the administered medication will be present in amounts detectable in blood and/or urine samples at the time of competition/sampling, exhibitors are cautioned it is their responsibility to determine whether or not such medication has had time to clear the horse's system. If there is any doubt, a medication report should be filed.
- Regardless of whether the medication report requirements described above are met, laboratory detection of concentration levels of an otherwise conditionally permitted therapeutic drug that are inconsistent with the administration of a therapeutic dosage of such drug (including, but not limited to, inconsistencies regarding reported dosage and time constraints) shall constitute presumption of a violation of AQHA medications rules, and the responsible party has the burden of persuasion to establish that the drug was administered in a therapeutic dosage and not less than 24 hours prior to competition.
- Regardless of whether all of the conditionally permitted therapeutic medication requirements listed above are met, it shall be considered a rule violation if the same plasma or urine sample contains more than one (1) of the permitted NSAIDs.

THE ADMINISTRATION OF PERGOLIDE EFFECTIVE 5/1/21

Pergolide has been the mainstay treatment of Equine Cushing's disease, also known as Pituitary Pars Intermedia Dysfunction (PPID), for several decades. Due to the class of drug that pergolide represents, it is a prohibited substance under Federation Equestre International (FEI) and United States Equestrian Federation (USEF) rules. Currently, under AQHA Rule VIO403, pergolide can be administered, but requires a 24-hour withdrawal from treatment prior to competition and represents a hardship to competitor and horse.

Effective May 1, 2021, horses that are granted a Therapeutic Use Exemption (TUE) for pergolide can remain on pergolide with no withdrawal of drug prior to competition and no need to file a Medication Report Form (MRF) each time they compete.

FAQ'S ON PERGOLIDE

What is Cushing's?

Equine Cushing's disease, also known as pituitary pars intermedia dysfunction (PPID), is probably the most common disease of geriatric horses. Affected horses show a variety of clinical signs, including excessive hair growth with reduced to no seasonal shedding, frequent urination and drinking, suppression of the immune system, muscle wasting, and founder.

What is pergolide?

Pergolide is the most common medication used for the treatment of Cushing's disease/PPID and is a prohibited substance under USEF Equine Drugs and Medications Rules.

What is a pergolide Therapeutic Use Exemption (TUE)?

This is an exemption for the use of pergolide in those competition horses with documented disease.

Does this mean that pergolide is a permitted medication?

No, pergolide will continue to be a prohibited substance under AQHA Equine Drugs and Medications Rules, but the TUE process will permit the continuous treatment of Cushing's disease/PPID in competition horses documented with the disease.

How do I apply for a TUE for pergolide?

The process can be initiated with the filing of an electronic MRF for pergolide. Just complete the online MRF and check the box (shown below), and the process will start. Once the request for consideration is received, an email will be sent with a request for more information from the treating veterinarian.

How long will a pergolide TUE be effective, and is it necessary to reapply?

A pergolide TUE will be effective for three years from the approval date. Prior to the TUE's expiration, a request can be made to extend the effective period for an additional three years.

How does this change the way my horse with Cushing's/PPID needs to be medicated with pergolide?

If your horse is granted a TUE based upon documented medical tests and clinical history, there will be no need to file MRFs at each competition or to change the frequency or schedule of their pergolide treatment.

What kind of information does my veterinarian need to provide for my horse to be granted a pergolide TUE?

The treating veterinarian should provide a history of the horse's clinical signs and any diagnostic tests that have been completed. This information will be submitted by the veterinarian, along with any documents, including diagnostic tests and case notes, which can be uploaded as part of the application.

How long will it take to be notified about my request for a TUE?

Once the application is complete, and all supporting information has been submitted, the process may take between one and four weeks. Once the application is reviewed, your veterinarian may be contacted for follow up information prior to a decision.

Can a TUE be used for other treatments?

No, the use of a TUE can only be requested for pergolide at this time. The USEF recognizes the benefit of this medication in the treatment of Cushing's/PPID-affected horses to normalize the endocrine feedback mechanisms disrupted by this disease.

7. The Testing Process

Horses competing at an AQHA-approved show are subject to drug testing by a licensed veterinarian. The testing veterinarian may appoint a technician to perform certain duties. The testing may include saliva, urine, hair, blood or other substance per AQHA rules. The veterinarian may examine any or all horses in a class or all classes in a competition or any horses entered in any class, whether in competition or not, if on the competition grounds.

Horses will be randomly selected for testing with an emphasis on class winners at shows. AQHA may also have any horse be tested that has been previously involved in a violation of the rules. Further, AQHA may also have any horse be tested that is ridden by an exhibitor or associated with a trainer or owner previously involved in a violation of these rules.

The following policies have been adopted by AQHA to govern the manner in which random blood samples will be taken under the AQHA medications rules:

(a) All blood samples taken pursuant to the AQHA medications rules will be taken by, or at the direction of, a licensed veterinarian selected by AQHA in its sole discretion.

(b) The person collecting the sample should fully complete all test sample recording forms provided by AQHA at the time the sample is taken.

(c) The person collecting the sample will make an effort to work with the horse owner, trainer or exhibitor, so as to minimize any discomfort to the horse.

(d) The person collecting the sample should make every effort to take the sample in, or in close proximity to, the test stalls located at the facility.

All random samples taken on behalf of AQHA will be stored, shipped and tested in accordance with generally accepted practices for storing, shipping and testing equine blood, urine, saliva, hair or other samples as prescribed by the certified testing laboratory utilized by AQHA. It is presumed the samples of blood/urine tested by the approved laboratory is the one taken from the horse in question and that its integrity is preserved. It is also presumed that all procedures for such collection and preservation of the samples, transfer to the laboratory, and analysis of the samples have been followed. The lab results are presumed to be correct and accurate. It is also presumed that the report received from the laboratory pertains to the samples taken from the horse in question and correctly reflects the condition of the horse during the show in which it was entered, with the burden on the responsible party or parties to prove otherwise at any hearing conducted by AQHA concerning the violation.

Every exhibitor, trainer and/or owner shall, upon request of a drug testing official, show management or an AQHA representative, permit specimens to be taken for testing. All samples taken pursuant to AQHA medications rules will be taken by drug-testing personnel authorized by AQHA. Trainers, owners and their agents are to:

- Ensure that all medication reports for the horse are on file with show management prior to the time of the test in order to be considered.
- Cooperate with the testing personnel.
- Take the horse immediately to the location selected by the testing personnel for sample collections.
- Present the horse for sample collections.
- Cooperate in the prompt procurement of samples with no unnecessary delays.
- Exhibit polite attitude and actions to the testing personnel at all times.
- Schooling, lengthy cooling out, bandaging and other delays of this type shall be construed as noncooperation.

Refusal to comply/cooperate may constitute grounds for immediate disqualification of the horse from further participation at the show, the horse being barred from participation in future AQHA-approved events or shows and suspension of the responsible party's AQHA membership.

8. Who's Responsible?

Whether you enter, show, own, train, care for or deliver a horse to an AQHA-approved show, you may be responsible for the horse's condition and are presumed to know all of the rules and regulations of AQHA. All exhibitors showing horses in any AQHA-approved shows are deemed responsible for that horse under these rules. For youth riders, the parent or legal guardian of the youth is deemed responsible for the horse ridden by the youth. The above described persons are subject to disciplinary sanctions for a violation of the medications rules, whether or not they had actual knowledge of the presence of an offending drug, directly participated in the administration of that drug, innocently miscalculated its dosage or retention time in the horse's system, or for any other reason. Other persons shown to have participated in a violation of the medications rules may also be subject to disciplinary sanctions.

Both the exhibitor designated on the entry blank and one having actual possession of the horse while physically participating with the horse in the event are conclusively presumed to be authorized by the owner to execute all documents, necessary or convenient, to allow the horse's participation in an AQHA-approved event, including documents pertaining to drug testing and the use of Lasix. If an individual is prevented from performing his/her duties, including absolute responsibility for the condition of the horse, by illness or otherwise, or is absent from the show, he/she shall immediately notify the show secretary, and appoint a substitute, and such substitute shall place his/her name on the entry blank. The exhibitor and owner acknowledge an exhibitor represents the owner in regard to his/her horses entered in an approved show.

9. Adjudication Process

Disciplinary actions involving violations of AQHA's medications rules are governed by AQHA medications rules VIO300-VIO305.4, VIO400-VIO406 and AQHA's disciplinary procedure Rules VIO505-VIO700.

AQHA has established a hearing process wherein the majority of drug violations, if they go to hearing, are normally first heard by the AQHA Show Rule Violations Committee (SRVC). As a result of an SRVC hearing, the SRVC issues its recommendation to the AQHA Executive Committee.

Prior to a case being referred to the SRVC, the Executive Committee has granted AQHA staff the authority to offer individuals that are subject of a drug violation an "Offer of Penalty." In general, such Offers of Penalty represent penalties that have been previously issued for violations associated with specific drugs and/or specific categories of drugs. These Offers of Penalty are reflected in the Penalty Chart reflected in Section 10. below. The Offer of Penalty process allows both AQHA and the alleged violator the opportunity to address the violation in question without the necessity of a hearing.

Individuals who receive an Offer of Penalty are provided the option of either (1) accepting the Offer of Penalty in lieu of a hearing or (2) requesting that the matter be heard by a hearing committee. If an individual accepts an Offer of Penalty, the penalty is assessed and the matter is closed without any requirement of the Executive Committee's or another hearing committee's involvement.

If an individual chooses *not* to accept an Offer of Penalty and the matter is heard by the SRVC with the SRVC ultimately recommending a penalty that is either the **same or more severe** than the original Offer of Penalty, then the individual will receive a letter from AQHA informing them of the SRVC recommendation and offering them the option of either accepting the recommendation or requesting that the matter be heard by the Executive Committee. Thereafter, the following two points are applicable:

- If the individual accepts the SRVC recommendation, the penalty is assessed and the matter is closed without any requirement of the Executive Committee's involvement; or
- If the individual requests the opportunity to appear before the Executive Committee, the matter is scheduled for an Executive Committee hearing.

If an individual chooses *not* to accept an Offer of Penalty but the SRVC, after a hearing, ultimately recommends a penalty that is less severe than the Offer of Penalty, then AQHA staff presents the SRVC's recommendation to the Executive Committee for the Executive Committee's review and the following two points are applicable:

- If the Executive Committee approves the SRVC's recommendation, then the individual will receive a letter informing them of the SRVC's recommendation and offering them the option of either accepting the SRVC's recommendation or requesting to appear before the Executive Committee.
    - If the individual accepts the recommendation, the penalty is assessed and the matter is closed without any requirement of further Executive Committee involvement.
    - If the individual requests the opportunity to appear before the Executive Committee, the matter is scheduled for an Executive Committee hearing.
- If the Executive Committee does **not** approve the less severe penalty recommended by the SRVC, the individual is informed of the Executive Committee's disapproval, and is provided the option of either accepting the original Offer of Penalty or appearing before the Executive Committee.

In short, the Penalty Chart provides (1) authority to AQHA staff to issue Offers of Penalty and (2) a historical reference/guideline for the SRVC and Executive Committee.

That said, it is important to note that it is not without precedent that less severe or more severe penalties are recommended by the SRVC or ultimately handed down by the Executive Committee. While such deviations from the Penalty Chart do not occur very often, the respective committees have, on occasion, issued less or more severe penalties based on the facts of a particular case. Technically, in addition to disqualifying a horse, the Executive Committee has jurisdiction to impose penalties much more severe than those reflected in the Penalty Chart, including but not limited to, a maximum fine of $25,000 and indefinite membership suspension. In short, the Penalty Chart is used as a guideline only, but is not something that binds the SRVC or the Executive Committee.

10. Rule Violations and Discipline

Any laboratory report resulting from random testing conducted by AQHA that indicates the presence of any prohibited substance, the presence of any permitted medication in levels that exceed those allowed under these rules and guidelines or the presence of more than one NSAID, all of which are violations of these medications rules, will constitute prima facie evidence that the substance(s) was administered to the horse either internally or externally in violation of the AQHA medications rules.

If it is determined that the use of any drug or medication was not allowed by the medications rules or was not within the guidelines in the AQHA rulebook, the responsible party or parties will be subject to disciplinary action. The initial determination of whether a medications rules violation has occurred will be based upon the laboratory results.

The following disciplinary actions may be considered by AQHA, the AQHA Show Rule Violations Committee or AQHA Executive Committee in addressing a violation of the medications rules. The following are general guidelines only. The AQHA, AQHA Show Rule Violations Committee or AQHA Executive Committee may assess discipline (including fines, probations and suspensions) that is equal to, less than or greater than the discipline provided in the following guidelines, based upon the nature of the violation and the severity of the circumstances presented in each case. The horse may also be disqualified from all classes in which it participated at the show for any violation of the medications rules. If disqualified, all awards and monies must be returned.

Penalty Chart

Category I - Overages of a permitted medication or the presence of more than one NSAID.

- First offense for overage of one permitted medication - $500 fine; disqualification (DQ).
- First offense for more than one NSAID (if each NSAID is within allowed therapeutic levels) - $1,000 fine; DQ; 60-day probation.
- Second offense – $2,500 fine; DQ; 60-day suspension .
- Third offense - $5,000 fine; DQ; 6-month suspension.
- If do not commit a violation for 24 months, violation slate is wiped clean.
- Hearing committee may assess discipline (including fines, probations and suspensions) that is equal to, less than or greater than the above disciplinary actions.

Category II - Failure to timely file required medication reports for conditionally permitted therapeutic medication if lab results and scenario presented SUPPORT legitimate therapeutic use.

- First offense – warning/reprimand.
- Second offense – $1,000 fine; DQ; 60-day suspension.
- Third offense – $2,000 fine; DQ; 6-month suspension.
- Violations do not count as first, second or third offenses for other categories.
- If do not commit a violation for 24 months, violation slate is wiped clean.
- Hearing committee may assess discipline (including fines, probations and suspensions) that is equal to, less than or greater than the above disciplinary actions.

Category III - Failure to timely file required medication reports for conditionally permitted therapeutic medication if lab results and scenario presented DO NOT support legitimate therapeutic use.

- First offense – $1,000 fine; DQ; 60-day suspension.
- Second offense – $3,000 fine; DQ; 180-day suspension.
- Third offense – $5,000 fine; DQ; 1-year suspension.
- Violations do count as first, second or third offenses for other categories.
- Offenses for use of a prohibited substance do not expire like those described in categories I and II above and shall permanently remain on the responsible parties' records.
- Hearing committee may assess discipline (including fines, probations and suspensions) that is equal to, less than or greater than the above disciplinary actions.

Category IV - Prohibited

- First offense – $2,500 fine; DQ; 3-month suspension.
- Second offense – $5,000 fine; 1-year suspension.
- Subsequent offenses – $10,000 fine; DQ; 5-year suspension.
- Hearing committee may assess discipline (including fines, probations and suspensions) that is equal to, less than or greater than the above disciplinary actions.
- Offenses for use of a prohibited substance do not expire like those described in categories I and II above and shall permanently remain on the responsible parties' records.

Attachment 1

COMMON PROHIBITED SUBSTANCES UNDER AQHA EQUINE DRUGS AND MEDICATIONS RULES

Where a Medication Report Form (MRF) Is NOT Accepted

albuterol
alfentanil
Alpha-casozepine (Zylkene®)
alprazolam
amitriptyline (Elavil)
amphetamines (class of drugs)
apomorphine
arsenic
ashwaghanda
azaperone
barbiturates (class of drugs)
belladonna
benperidol
bisphosphonates (except those FDA approved for equine use)
boldenone
bromperidol
bumetanide
buspirone
caffeine
cannabinoids including CBD (Cannabidiol) (synthetic & natural) and other cannabimimetics
capsaicin
carfentanil
carisoprodol ("Soma-tabs")
carprofen (Rimadyl)
chloral hydrate
chloralbutanol
chlorpromazine (Thorazine)
chlorprothixene
clenbuterol
clozapine
cocaine
comfrey
cycobenzaprine
devil's claw
dextromoramide
dezocine
digoxin
dipremorphine
doxepin
droperidol
dyphylline
ephedrine
epoetin alfa
erythropoetin (EPO)
ethacrynic acid
ethchlorvynol
ethyl alcohol
etodolac
etomidate
etorphine
eugenol
fenfluramine
fenspiride
fentiazac
fluanisone
fluoxetine (Prozac)
fluphenazine (Prolixin)
GABA
gabapentin (Neurontin)
ginger root
guanabenz (Wytensin)
haloperidol
homotropine
hydrocodone
hydromorphone
imipramine
kava kava
ketorolac
laurel
leopard's bane
levallorphan
levorphanol
lithium
lorazepam (Ativan)
LSD
mabuterol
mazindol
meclizine
medroxyprogesterone acetate (MPA; Depo-Provera)
meloxicam
meperidine
mepenzolate bromide
mephentermine
meprylcaine
methadone
methaqualone
methamphetamine
methyldopa
methylphenidate (Ritalin)
metomidate
milenperone
molindone
moperone
nalbuphine
nalmefene
nandrolone
nikethamide
nitrazepam
night shade
oxymetazoline (Afrin®)
oxymorphone
paroxetine
pentazocine
phencyclidine
phenibut
phenobarbital
phentermine
phenylpropanolamin
piperacetazine
pirenperone
prazepam
prethcamide
procaterol
prochlorperazine
procyclidine
propentofylline
propiomazine
propionylpromazine
propoxyphene
propranolol
ractopamine (Paylean)
rauwolfia
red poppy
reserpine (Serpasil)
risperidone
sertraline
sodium cacodylate
spiperone
sufentanil
stanozolol (Winstrol-V)
strychnine
sumatriptan
synephrine
terbutaline sulfate
testosterone
THC
theobromine
tolmetin
tramadol
trazodone
trifluperidol
trihexyphenidyl
valerian
vervain
zilpaterol
zolpidem

Attachment 2

Guidelines for the Therapeutic Use of a Nonsteroidal Anti-Inflammatory Drug (NSAID)

1. **Phenylbutazone (Bute®).** Whenever phenylbutazone is administered, the dose should be accurately calculated according to the actual weight of the animal. Each 24 hours, not more than 2.0 milligrams per pound of body weight should be administered, preferably less. For a 1,000-pound animal, the maximum daily dose is 2.0 grams, which equals two 1.0 gram tablets, or two 1.0-gram units of paste, or 10.0 cc of the injectable (200 milligrams per milliliter). Neither a total daily dose nor part of an injectable dose should be administered during the 12 hours prior to competing. In the event the phenylbutazone is administered orally, half of the maximum daily dose (1.0 grams per 1,000 lbs.) can be administered each 12 hours during a five-day treatment program. *The maximum treatment time for phenylbutazone is five successive days.*

   The maximum permitted plasma concentration of phenylbutazone is 15.0 micrograms per milliliter.

2. **Diclofenac (Surpass®).** Whenever diclofenac liposomal cream is administered, not more than 73 mg should be administered, to not more than one affected site, each 12 hours (i.e., not more than 146 mg per 24-hour period). This 73 mg dose equals a 5-inch ribbon of cream not greater than ½ inch in width, which should be rubbed thoroughly into the hair over the joint or affected site using gloved hands. Administration of diclofenac cream should be discontinued at least 12 hours prior to competing. Do not apply diclofenac cream in combination with any other topical preparations including DMSO, nitrofurazone or liniments, and do not use on an open wound. *The maximum treatment time for diclofenac cream is 10 successive days.*

   The maximum permitted plasma concentration of diclofenac is 0.005 micrograms per milliliter.

3. **Flunixin Meglumine (Banamine®, Flunazine®).** Whenever flunixin meglumine is administered, the dose should be accurately calculated according to the actual weight of the animal. Each 24 hours, not more than 0.5 milligrams per pound of body weight should be administered, preferably less. For a 1,000-pound animal, the maximum daily dose is 500 milligrams, which equals two 250 milligram packets of granules, or one 500 milligram packet of granules or 500 milligrams of the oral paste (available in 1,500 milligram dose syringes), or 10.0 cc of the injectable (50 milligrams per milliliter). No part of a dose should be administered during the 12 hours prior to competing. Any medicated feed must be consumed and/or removed at least 12 hours prior to competing. *The maximum treatment time for flunixin meglumine is five successive days.*

   The maximum permitted plasma concentration of flunixin is 1.0 micrograms per milliliter.

   Emergency Use of Flunixin (Banamine©) for colic or an ophthalmic emergency. Flunixin, in addition to one other substance listed in VIO405.1-VIO405.7 (NSAIDS), if administered within three days prior, may be found in the same plasma and/or urine sample. The flunixin must be administered by a veterinarian, a medication report form must be submitted, and the horse withheld from competition for 24 hours. The same medication report should document a 24-hour withdrawal from competition following administration. It is important to note that compliance with this rule is dependent upon the flunixin (Banamine®) being administered by a licensed veterinarian following a physical exam.

4. **Ketoprofen (Ketofen®).** Whenever ketoprofen is administered, the dose should be accurately calculated according to the actual weight of the animal. Each 24 hours, not more than 1.0 milligrams per pound of body weight should be administered, preferably less. For a 1,000-pound animal, the maximum daily dose is 1.0 gram, which equals 10.0 cc of the injectable (100 milligrams per milliliter). No part of a dose should be administered during the 12 hours prior to competing. *The maximum treatment time for ketoprofen is five successive days.*

   The maximum permitted plasma concentration of ketoprofen is 40.0 nanograms per milliliter.

5. **Meclofenamic Acid (Arquel®).** Whenever meclofenamic acid is administered, the dose should be accurately calculated according to the actual weight of the animal. Each 12 hours, not more than 0.5 milligrams per pound of body weight should be administered, preferably less. For a 1,000-pound animal, the maximum 12-hour dose is 0.5 grams, which equals one 500-milligram packet of granules. *The maximum treatment time for medofenamic acid is five successive days.*

   The maximum permitted plasma concentration of meclofenamic acid is 2.5 micrograms per milliliter.

6. **Naproxen.** Whenever naproxen is administered, the dose should be accurately calculated according to the actual weight of the animal. Each 24 hours, not more than 4.0 milligrams per pound of body weight should be administered, preferably less. For a 1,000-pound animal, the maximum daily dose is 4.0 grams, which equals eight 500-milligram tablets. No part of a dose should be administered during the 12 hours prior to competing. Any medicated feed should be consumed and/or removed at least 12 hours prior to competing. *The maximum treatment time for naproxen is five successive days.*

   The maximum permitted plasma concentration of naproxen is 40.0 micrograms per milliliter.

7. **Firocoxib (Equioxx®).** Whenever firocoxib is administered, the dose should be accurately calculated according to the actual weight of the animal. Each 24 hours, not more than 0.0455 mg per pound of body weight should be administered orally. For a 1,000-pound animal, the maximum daily dose is 45.5 mg, which equals four markings on the dosing syringe that contains the medication and is supplied by the manufacturer. For intravenous administration, the dose is 0.04 mg/lb (0.09 mg/kg) of body weight once daily for up to 5 days. No part of a dose should be administered during the 12 hours prior to competing. *The maximum treatment time for firocoxib is 14 successive days.*

   The maximum permitted plasma concentration of firocoxib is 0.240 micrograms per milliliter

Attachment 3

RESTRICTED MEDICATION DOSE AND TIME RECOMMENDATIONS

MEDICATION GENERIC NAME	MEDICATION TRADE NAME	MAX DOSAGE PER POUND OF BODY WEIGHT	LATEST ADMINISTRATION HOUR PRIOR TO COMPETITION	ADMINISTRATION METHOD (single dose per 24 hours unless specified otherwise)	CLASS OF DRUG
Diclofenac	Surpass®	5-inch ribbon, ½ inch thick, one site	➢ 12 hours	Topical, 2 doses each day 12 hours apart	NSAID
Firocoxib	Equioxx®	Oral - 0.0455 mg/lb (0.1 mg/kg) (45.5 mg/1000lb)	➢ 12 hours	Oral	NSAID
Phenylbutazone ("bute")	Butazolidin®	2.0 mg/lb (2.0 grams/1000lb) Or 1.0 mg/lb (1.0 grams/1000lb)	➢ 12 hours ➢ AM & PM feed or paste	Oral, IV Oral (tablet or paste), 2 doses (1 gram per dose) each day 12 hours apart	NSAID
Flunixin meglumine	Banamine®	0.5 mg/lb (500 mg/1000lb)	➢ 12 hours	Oral, IV	NSAID
Ketoprofen	Ketofen®	1.0 mg/lb (1.0 gram/1000lb)	➢ 12 hours	IV	NSAID
Meclofenamic acid	Arquel®	0.5 mg/lb (500 mg/1000lb)	➢ 12 hours ➢ AM & PM feed	Oral, 2 doses each day, 12 hours apart	NSAID
Naproxen	Naprosyn®	4.0 mg/lb (4.0 grams/1000lb)	➢ 12 hours	Oral	NSAID
Methocarbamol	Robaxin®	5.0 mg/lb (5.0 grams/1000lb)	➢ 12 hours	Oral, IV	Muscle relaxant

PLEASE NOTE

- DO NOT administer more than one permitted NSAID at a time within the 72 hours prior to the horse entering the competition ring.
- Whenever two NSAIDs are administered, one must be discontinued at least three (3) days prior to competing.
- Whenever any NSAID is administered that does not appear on the permitted list (VIO405.1 – VIO405.6), it must not have been administered during the seven days prior to competing. Ex. Meloxicam is not an approved NSAID and must not be administered within the 7 days prior to competing.
- The maximum treatment time for any of the above permitted medications is five days, with the exceptions of diclofenac and firocoxib. The maximum treatment time for diclofenac is 10 successive days, and the maximum treatment time for firocoxib is 14 successive days.
- Caution is urged when using compounded medications with varying administration routes not specified above. ONLY the above administration routes with noncompounded medications have been evaluated for the dose and time recommendations.

This chart is for quick reference only and should not be used in place of the detailed guidelines on the previous and following pages.

Attachment 4

Guidelines for the therapeutic use of acetazolomide, furosemide, isoxsuprine, lidocaine/mepivicaine, methocarbamol and dexamethasone.

Acetazolamide. - This medication may only be administered to horses documented through DNA testing to be positive (N/H or H/H) for HYPP (hyperkalemic periodic paralysis). While these rules do not contain a maximum allowable plasma concentration level for acetazolamide, laboratory detection of levels of acetazolamide that are not consistent with administration in accordance with the following guidelines may result in prosecution of a rule violation. Guidelines: When acetazolamide is administered, the dose should be accurately calculated according to the actual weight of the animal. Each 24 hours, not more than 3 milligrams per pound of body weight should be administered. For a 1,000-pound animal, the maximum daily dose is 3 grams.

Furosemide (Lasix®). - The maximum plasma concentration of furosemide is 100 nanograms per millimeter. Each 24 hours, the dose should not exceed 500 milligrams. When used, furosemide must be administered intravenously at least four (4) hours prior to competition. Medication report must be filed with show management as required in VIO403.

Isoxsuprine. - When administered, the dose should be accurately calculated according to the actual weight of the animal. Each 24 hours, not more than 1.6 milligrams per pound of body weight should be administered (usually divided in two equal doses given 12 hours apart). For a 1,000-pound animal, the maximum daily dose is 1,600 milligrams, which equals 80 20-milligram tablets. No part of a dose should be administered during the four (4) hours prior to competing. Any medicated feed should be consumed and/or removed at least four (4) hours prior to competing.

Lidocaine/Mepivicaine. - This medication may only be used under actual observation of event management (or designated representative) and/or the official show veterinarian, either of which must sign the medication report form, to aid in the surgical repair of minor skin lacerations which, by their very nature, would not prevent the horse from competing following surgery. Medication report form must be filed with show management as required in VIO403 above. This medication shall not be considered a conditionally permitted therapeutic medication for the purposes of aiding in the diagnosis of lameness.

Methocarbamol. - Whenever methocarbamol is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 24 hours, not more than 5.0 mg per pound of body weight should be administered, preferably less. For a 1,000-pound animal, the maximum dose each 24 hours is 5.0 grams. No dose should be administered during the 24 hours immediately following the prior dose. No part of a dose should be administered during the 12 hours prior to competing. Any medicated feed must be consumed and/or removed at least 6 hours prior to competing. Methocarbamol should not be administered for more than five successive days. *The maximum permitted plasma concentration of methocarbamol is 0.5 micrograms per milliliter.

Guidelines for the Therapeutic Use of Dexamethasone

AQHA rules provide for the use of corticosteroids such as dexamethasone in horses only for a therapeutic purpose, i.e., for the treatment of existing inflammatory conditions related to illness or injury. The rules do not permit the use of corticosteroids for a non-therapeutic purpose, i.e., to affect the mood or enhance the performance of the horse.

The rules establish a quantitative restriction for dexamethasone, i.e., a maximum permitted plasma concentration (fluid portion in blood) is 0.5 nanograms per milliliter at the time of competition.

In order to help trainers, owners and their veterinarians achieve compliance with this rule in connection with the therapeutic use of dexamethasone, it should be administered in accordance with the guidelines below. Whenever dexamethasone is administered, the dose should be accurately calculated according to the actual weight of the animal.

Dexamethasone administration IV, IM or orally at 12 or more hours prior to competing

(1.0 mg or less per 100 pounds IV or IM at 12 or more hours before competition). Each 24 hours, not more than 1.0 milligrams of dexamethasone injectable solution per 100 pounds of body weight should be administered intravenously or intramuscularly, preferably less. For a 1,000-pound animal, the maximum daily intravenous or intramuscular dose of dexamethasone injectable solution is 10.0 milligrams, which equals 2.5 milliliters of the injectable solution (4.0 milligrams per milliliter). No part of this dose should be administered during the 12 hours prior to competing. Dexamethasone should not be administered for more than five successive days.

Dexamethasone Emergency Alternative for urticaria (hives).

IMPORTANT: Guidelines for alternative dose for dexamethasone can only be administered by a licensed veterinarian for the treatment of hives (urticaria). A medication report form must be filed consistent with VIO403. The filing of a medication report form is required to be signed by a veterinarian. Each 24 hours, not more than 0.5

milligrams of dexamethasone injectable solution per 100 pounds of body weight should be administered intravenously, preferably less. For a 1000-pound animal, the maximum daily intravenous dose of dexamethasone injectable solution is 5.0 milligrams, which equals 1.25 milliliters of the injectable solution (4.0 milligrams per milliliter). No part of this dose should be administered during the 6 hours prior to competing. Dexamethasone should not be administered for more than five successive days.

Corticosteroids other than dexamethasone, e.g., prednisone, prednisolone, Solu Delta Cortef®, triamcinolone acetonide, betamethasone, methylprednisolone (Depo Medrol®) and others, are classified as prohibited substances unless they meet the requirements set forth in Section 6. of these guidelines. This means these substances are to be used only for a therapeutic purpose, i.e., for the treatment of existing inflammatory conditions related to illness or injury; they are to be administered at a time not closer than 24 hours prior to competing; and an MRF must be filed under AQHA rules in connection with any administration performed by any route during the 7 days prior to competing. When using the corticosteroid methylprednisolone (Depo Medrol®), the recommendation is to file an MRF if competing within 14 days of administration.

When using the corticosteroid isoflupredone (Predef2X•) in injecting the sacro-iliac (SI) joint, the recommendation is to file an MRF if competing within 28 days of administration.

Trainers, owners and their veterinarians are cautioned against the use of dexamethasone isonicotinate injectable solution, because administration studies have shown it is not eliminated from the plasma as quickly as dexamethasone injectable solution. Therefore, the use of dexamethasone isonicotinate injectable might result in an inadvertent overage, i.e., a plasma concentration of dexamethasone in excess of the maximum permitted plasma concentration of 0.5 nanograms per milliliter at the time of competition.

Whenever dexamethasone injectable solution or dexamethasone oral powder is administered in a manner that might cause the plasma concentration to exceed the maximum permitted by the rule, the trainer and/or owner must withdraw the animal from competition for a sufficient amount of time such that the plasma concentration of dexamethasone returns to acceptable limits prior to competition.

Products or preparations that contain dexamethasone or another corticosteroid as an active ingredient (e.g. a Naquasone® bolus contains 5.0 milligrams of dexamethasone), should be used in accordance with the guidelines listed, taking into account the actual weight of the animal. Some products or preparations containing dexamethasone may also contain a diuretic (e.g. hydrochlorothiazide or chlorothiazide), which is considered a prohibited substance and an MRF must be filed to document compliance with VIO403 when using these products.

Attachment 5

COMMON SUBSTANCES UNDER AQHA EQUINE DRUGS AND MEDICATIONS RULES

These common substances are permitted on a Medication Report Form (MRF) (but all conditions must be met according to AQHA Rule VIO403; administration of a conditionally permitted therapeutic medication for the purposes of transport, grooming, training, etc. is NOT considered therapeutic)

acepromazine
acetophenazine
acetylpromazine
aminophylline
antihistamines (class of drugs)
apomorphine
atropine
benzocaine (Anbesol, Capacol)
benzodiazepines* (class of drugs)
beta blockers * (class of drugs)
betamethasone (Celestone)
bethanechol chloride
bupivacaine (Marcaine)
buprenorphine (Bruprenex)
butorphanol (Torbugesic)
camphor
cetirizine (Zyrtec)
chlorothiazide
chlorpheniramine
Ciclesonide (Aservo® EquiHaler®)
clodronate disodium (Osphos®; bisphosponate)
codeine
corticosteroids* (class of drugs)
cyproheptadine
dantrolene (Dantrium)
desmethylpyrilamine
detomidine (Dormosedan)
dextromethorphan
dextromoramide
diazepam (Vallum)
diphenhydramine
dipyrone (Zimeta)
doxapram
dyphylline
epinephrine (adrenaline)
etamiphylline
etidocaine
fentanyl
furosemide (Lasix)
glycerol guaiacolate
glycopyrrolate
guaifenesin (Mucinex)
hydrochlorothiazide (Naquasone compounded products)
hydroxyzine
ipratropium (Atrovent)
isoflupredone (Predef 2x)
ketamine
lidocaine
lorazepam
medetomidine (Domitor)
mepivacaine (Carbocaine V)
methylprednisolone (DepoMedrol)
morphine
naloxone
nefopam
nitroglycerin
opiates*
orphenadrine citrate
oxybutynin (Ditropan)
oxymetazoline
passion flower
pentoxifylline
pergolide mesylate
phenylephrine
phenytoin
piperacetazine
pramoxine (Caladryl)
prilocaine
procaine
procaine penicillin (penicillin G; intramuscular)
promazine
promethazine
pyrilamine (Tri-Hist Granules)
romifidine (Sedivet)
salmeterol
scopolamine
terfenadine
tetracaine
theophylline
tiludronate disodium (Tildren®; bisphosphonate)
triamcinolone acetonide (Vetalog)
trichlormethiazide (formerly in Naquasome)
tripelennamine
tropicamide
xylazine (Rompun, AnaSed)
xylocaine

**some drugs are not acceptable with the MRF*

Attachment 6

HOW LONG DRUGS REMAIN DETECTABLE

Anabolic steroids ..... (see AQHA Rule VIO401.4)

Boldenone..... 82 days

Nandrolone ..... 35 days

Stanozolol ..... 47 days

Testoserone..... 30 days

Long-Acting Tranquilizers and Psychotropics

(AQHA Rule VIO403 does not apply)

Long-Acting tranquilizers and psychotropics,
e.g., fluphenazine and reserpine..... 90 days

Gabapentin..... 14 days

Shorter-Acting Tranquilizers and Sedatives

Shorter-acting tranquilizers and sedatives,
e.g., acepromazine, detomidine and xylazine ..... 7 days

Detomidine (Dormosedan®).....48 hours

The 48-hour detection time is dose dependent, which means administering this drug in excess of a single intravenous dose (20 µg/kg, or 0.9 mg/100lb) can increase the potential for a positive finding. Detomidine is a sedative and the penalties for detections can involve significant fines and suspensions. AQHA Rule VIO403 does not apply for non-therapeutic uses of this drug, and a Medication Report Form should not be filed if used non-therapeutically more than 48 hours prior to competition. *Please consult your veterinarian for guidance in following the above dosing recommendation.

Procaine penicillin..... 14 days

Local anesthetics other than procaine, e.g.,
lidocaine and mepivacaine ..... 7 days

Methylprednisolone ..... 14 days

Isoflupredone (intra articular injection)..... 7 days

Isoflupredone (sacroilliac injection)..... 28 days

Corticosteroids other than methylprednisolone and isoflupredone, e.g., triamcinolone and betamethasone..... 7 days

Nonsteroidal anti-inflammatory drugs,
e.c., phenylbutazone and flunixin..... 3 days

Antihistamines,
e.g., cyproheptadine and pyrilamine ..... 7 days

Respiratory drugs,
e.g., albuterol ..... 60 days

Isoxsuprine ..... 21 days

The above information about drug detection serves two main purposes. In the context of competing under AQHA's permitted substance medications rules, it provides information about how long after the administration of a particular drug it is necessary for the horse to refrain from competition in order for the horse to compete in compliance with AQHA rules. In the context of competing under AQHA's conditionally permitted therapeutic substance rules, it provides information about how long after the administration of a therapeutic substance it is necessary to file a Medication Report Form in order for the horse to compete in compliance with the rules. In the case of prohibited nontherapeutic substances, e.g., fluphenazine and reserpine, it provides information about how long after the administration of such a drug substance it is necessary for the horse to refrain from competition in order for the drug substance to be no longer detectable in the blood or urine sample of the horse.

The above information is applicable for horses competing in the United States. It is not applicable to any animal competing outside the United States or under any drug-testing program using a laboratory other than the official testing and laboratory used by AQHA.

The above information is current at the time of this printing. However, AQHA's offical testing laboratory systematically refines existing drug tests to make them more sensitive, and it develops new tests. Improved testing procedures are routinely implemented at any time without prior notice. Therefore, these time guidelines may become obsolete as new and more sensitive procedures are implemented. Reliance upon these guidelines will not serve as a defense to a charge of violation of the rule in the event of a positive drug test.

The above information is applicable to most horses. Nevertheless, reliance upon it does not guarantee compliance with the rules, since the response of individual horses may vary. Exhibitors, owners and trainers should consult the drug manufacturer and knowledgeable veterinarians for up-to-date information

and more specific advice concerning the therapeutic use of a drug or medication for a particular horse.

The above information is made available with the assumption that any and all drugs and medications are used only for a therapeutic purpose, i.e., the diagnosis and/or treatment of illness or injury, and that any dose administered is a conservative, therapeutic dose, consistent with the manufacturer's recommendations. These guidelines are not part of the rules.

Depending upon the drug administration scenario, e.g., the formulation of the drug, the dose or doses administered, the frequency of administration, the route or routes of administration, the weight of the horse, the health condition of the animal, etc., it is possible that the above mentioned substances and their metabolites (by-products) might remain detectable in the blood or urine sample of the animal for a number of days following the final administration of the substance.

For guidelines on any other drug or medication, call the USEF hotline 800.633.2472

THIS INFORMATION, IF HEEDED, WILL MINIMIZE THE CHANCES OF POSITIVES FOR PROHIBITED SUBSTANCES; HOWEVER, ALL TRAINERS, OWNERS AND EXHIBITORS ARE CAUTIONED THAT THE FOREGOING ARE ONLY GENERAL GUIDELINES, AND IT IS THE RESPONSIBILITY OF THE TRAINERS, OWNERS AND EXHIBITORS TO SEE TO IT THAT CONDITIONS PREVAIL FOR FULL COMPLIANCE WITH ALL AQHA RULES.

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