



## Drugs commonly administered by trainers and on yards without a veterinarian being present

It is good to remember that it is the trainer who is responsible for checking the detection/withdrawal times of the medications that they are administering, if in doubt this table should come in handy. Links below to the BHA detection list should be checked regularly as detection times can go up and also down. If in any doubt then you should contact your relevant vet who will be able to help explain the best course of action.

The published maximum detection times should be doubled for a safe withdrawal time although many vets go for a 40% increase. So, 5dys official detection time gives a safe pre race withdrawal time of 10dys and a less cautious one of (5 x 1.4) or 7dys. If ever in doubt ask us and also elective testing can help pre race when suitable and time allows

All oral treatments may be best given by dosing syringes to reduce waste and contamination of buckets etc. They are 97p @ but ideally one per horse per treatment.

Drug Name	Dosage Rate (500kg horse)	Official Detection Time	Withdrawal @ minimum 40%	Cautious Withdrawal time @ 100%	Competition Notes
Acepromazine (Sedalin, Relaquine)	0.1mg/Kg - max every 8 hours (1-2 tabs/ notches on syringe)	72 hours - 3 Days	4.5 days	6 days	Mostly used as mild sedative for clipping/farrier/dental work. Higher doses do not increase level of sedation - use domosedan gel or iv sedation if more needed.
Antibiotics (Except Procaine Penicillin - see below as Depocillin)		No Detection Time			We do not advise the administration of antibiotics within a week of racing. Some drag them down less than others so talk to us first.
Anti- Fungals / anti- bacterial shampoos		No Detection Time			Best not used for at least 2 days pre race unless absolutely necessary just to be safe.

**Buffy Shirley-Beavan** BVM&S MRCVS ~ 07831 698976  
**Tim Beauregard** BVSc MRCVS ~ 07881 552052  
**Kevin Bishop** DrMedVet MRCVS ~ 07562 601799  
**Emma Marecki** BVetMed MRCVS ~ 07850 981229  
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**Philip Mckervey** DrMedVet MRCVS ~ 07598 832608  
**Megan Hooper** BVSc MRCVS ~ 07789 512029



The Veterinary Office, Summerhill Farm, Naunton,  
 Cheltenham, Glos  
 GL54 3AZ  
[office@summerhillequine.co.uk](mailto:office@summerhillequine.co.uk)  
[www.summerhillequine.co.uk](http://www.summerhillequine.co.uk)  
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 F: 01451 850995



Altrenogest (Regumate)	2.2g/Kg for 10 days once orally (10ml/500kg)	10 days	14 days	20 days	<b>Prohibited</b> for use in the UK in racehorses by the BHA. Fillies and Mares can compete under FEI rules with a veterinary form but it is prohibited from use in Geldings and Colts under FEI rules. WEAR MARIGOLDS, latex not sufficient.
Aspirin (We use a 250g tub - not expensive)	(5 to 10ml measure in evening feed)		10 days	14 days	Useful for any bony issue - healing injuries or slightly bone sore young horses.
Buscopan	0.3mg/Kg intravenously (8ml.)	48 hours - 2 days	3 Days	4 Days	Used for colic to reduce muscle spasm. NOTE: Due care must be taken as detection time is longer if using Buscopan Compositum
Buscopan Compositum (Metamizole)	30mg IV (25-30ml)	72 hours - 3 Days	4.5 Days	6 Days	This drug is a combination of traditional buscopan and NSAID called Metamizole. The NSAID contained is unlikely to bring about strong enough analgesia in the vast majority of colic patients so its use should be limited or combined with a more appropriate NSAID such as Bute or Flunixin.
Butorphanol (Dolorex)	IV (1ml with alpha-2)	72 hours - 3 days	4.5 days	6 days	Often used by Vets in combination with detomidine or romifidine for a more controlled and prolonged sedation - this also decreases the amount of each drug needed to reach adequate level of sedation. Put simply they are less likely to kick with this!
Clenbuterol (Ventipulmin)	0.8mcg/kg twice daily (3-4 pumps of syrup)	312 hours - 13 days	14 days with stable clear out	17 days with stable clear out	NB this/ like finadyne can cycle through horses' droppings so clean the stable out well a day or two after finishing the treatment and again a

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	twice daily for 500kg horse)				few days pre race. Used when heaps of mucus to help clear it. If the stable environment is good, you shouldn't need it often!
Dantrolene (Dantrium)	500mg for 3 days once daily (5 capsules)	48 hours - 2 days	3 days	4 days	Helps with chronic tying up horses if you haven't worked out how to fix them properly! Or to avoid tying up in at risk horses ...
Detomidine (Domidine - Domosedan)	IV (0.3 to 0.8ml)	48 Hours - 2 Days	3 days	4 days	NB use with dolorex; without limb sensitivity can be increased.
Detomidine gel (Demosedan gel)	1-3ml under the tongue; wait 20 minutes		3 days	4 days	Handy if Sedalin not enough or as a preemptive strike if very difficult to give iv/ im injections.
Dembrexine (Sputolosin)	0.3mg/kg 9 dose at 12h intervals (6 level measures am and pm)	96 Hours - 4dys	5 to 6 Days	8 Days	Generally used with ventipulmin to loosen mucus so antibiotics can penetrate or on its own for sinus infections with 10dys 1 sachet TMS antibiotics twice daily.
Dexamethasone (Dexadreson) (IV)  NB do not use Voren - much longer withdrawal.	0.05-0.1mg /kg IV (12ml-25ml for 500kg horse dependent on use)	120 Hours - 5 Days for 15ml /500kg horse iv single dose	7 Days	10 Days	Mostly used in the treatment of acute inflammatory conditions and allergic airway conditions.  NB if used incorrectly, there is a laminitis risk with corticosteroids steroids, so should only be used following advice by your vet.
Dexamethasone (Nebulised)	0.02mg/Kg once or twice daily	120 Hours - 5 Days	7 Days	10 Days	No specific information is known for the Nebulisation of this drug but the best info we have is to base it closely

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Keep the environment good and avoid nebulising best option...					around the intravenous detection time. If the stable environment is good there shouldn't be much need for nebulising corticosteroids - they encourage secondary bacterial infections.
Depocillin (Procaine Penicillin)	12mg/kg IM (20-25ml once or twice daily)	240 Hours - 10 days	14 days	20 Days	Commonly used antibiotic in equine medicine but the only one with a withdrawal period - is intramuscular so into the engine and risks of abscesses etc - ideally use oral or iv options.
Danilon (Suxibuzone)	5mg/Kg twice daily or 1 sachet twice daily	Converts to bute in the liver		10 days	Generally used instead of bute when stomach ulcers and issue or palatability problems with bute.
Esomeprazole	1mg/Kg orally once daily for 28 days (About quarter a tube)	48 Hours - 2 Days	3 Days	4 Days <b>We advise 8 Days</b>	All studies on this drug have found its detection to be very similar in its pharmacokinetics to omeprazole. We often use this drug when we have diagnosed ulceration of the glandular part of the stomach - usually in combination with Sucralfate (use the same withdrawal).
Duphalyte	1-2 500ml Bottles given as a direct IV infusion	No detection time			Best used within a few days pre race. This is very useful for horse running long strenuous races and those who suffer from RER - "Tying Up" NB nothing on the day of racing iv or oral.
Equipalazone (Bute) - Orally	1 Sachet twice Daily for 5 days	168 hours - 7 days	9 days	12 days	Bute - remember bute is a powerful drug and should be used with discretion especially when it could mask a serious problem that may need attention. Don't do fast work with a horse on bute.

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Equipalazone (Bute) - IV	8.8mg/Kg intravenously - roughly 2ml per 100kg BW	Same as it is orally			Generally used only by vets for colic/ quick effect.
Gastrogard (Omeprazole)	1mg/Kg given once a day for 28 Days (about ¼ tube)  (Dose given usually 1-4mg/kg)	48 Hours -2 Days	3 Days	4 Days  <b>We advise 8 days</b>	1mg/kg is not the same as one tube per day - the tube is marked by body weight at a dose rate of 4mg/kg - a full syringe is enough for a 568kg horse at that recommended dose rate. <b>8 days withdrawal is advisable.</b>
Flunixin (Pyroflam - Finadyne)	1mg/Kg IV (12-14ml)	202 hours - 9 Days	13 Days	18 Days	NOTE: In racehorses as the by-products of Flunixin are excreted via urine and faeces it is advisable to clean stable out a few days after the course and a few days pre race to stop reuptake of small metabolites and an avoidable positive result at the track.  Dodgy withdrawal times so avoid using this if anywhere near racing.
Intra-Articular Injections  .. quite apart from the actual drug withdrawal..	Not	Permitted	Within	15 Days Pre-Race	“The horse must not have been administered any intra-articular corticosteroid on the day of the race or on any of the fourteen days before the day of the race in which the horse is declared to run.” (Schedule (B)3 – Requirements for horse to run)

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Lasix - Dimazon (Furosemide)	0.5-2 mg/ Kg given IV roughly 4-6 hours before work  (2-6ml)	48 Hours	3 Days	4 Days	For prevention of exercise induced pulmonary hemorrhage “Bleeders” and also for treatment of fluid overload in horses with cardiac issues.  Should be used with caution especially as it can leach potassium from the horses who may well be bleeding because they are low in potassium in the first place!
Mud Fever Cream (With Steroid - Dexamethasone)				8 days	We make this very effective mud fever cream ourselves using dexadreson - 8 dys is what we recommend to be safe - swap to the plain one when closer to racing.
Mud Fever Cream (Without Steroid)		No detection time			This product will contain only an antibiotic along with aqueous cream - fine to use in mild cases or where needed pre race for safety - but in general the steroid containing version will have much more combined effect to treat the Mud Fever.
Robaxin	usually 1 tablet per 75kg am and pm 2 weeks then pm only for 2 weeks		10 days FEI rules	2 weeks	A muscle relaxant - very useful for difficult backs that don't settle well post medication with shock w
Romifidine Sedivet/ Rominervin	usually 1.5ml with 1ml dolorex	4ml clears 60 hours	4dys	6dys	NB use with dolorex; without limb sensitivity can be increased.

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Sucralfate		No Detection time known	6 days	8 days	There is no official information out there to support there being any detection time for sucralfate but as we always use it in combination with omeprazole or esomeprazole it makes sense to set it at the same mark
Wormers		No Detection Time			Avoid any worming product containing Levamisole - other than that try not to worm to close to a race anyway as the worming can upset the gastrointestinal system for a few days.
OTHER VET - ONLY Medications					We are very cautious with these and they are a whole other subject!

**Useful Links to the Official Websites who publish the detection times**

<https://www.britishhorseracing.com/wp-content/uploads/2019/05/PUBLISHED-DETECTION-TIMES-updated-June-2019.pdf>

[https://www.ehslc.com/images/uploads/documents/EHSLC\\_DETECTION\\_TIMES\\_\(updated\\_June\\_2019\).pdf](https://www.ehslc.com/images/uploads/documents/EHSLC_DETECTION_TIMES_(updated_June_2019).pdf)



**Be safe so when you win big races; or any race you can sleep at night!**

**Best regards, Buffy and the team.**

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