

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Stand Searing			
Veterinarian Steep Sedmish	Return form to:	Telephone:	518-388-3400
Trainer/Client	N.Y.S. Gaming Commission One Broadway Center	Facsimile:	518-388-3403
Horse DC besigned	Schenectady, N.Y. 12305	Email:	info@gaming.ny.gov

Date	Time	Diagnosis		Treatment: Drug Administered, Dose & Route of Transmission	
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All entries must be complete and legible.	Incomplete or illegible records will not be accepted.	V1.09/01/20

Shell





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ods will not be accepte 1.		No Treatment	No Treatment	No Treatment	Treatment: Drug Adminitered, Dose & Foute of Transmission	Schen sctady, N.Y. 123 )5	N.Y.S. Saming Commit sion One B oadway Center	Return form to:
V1 09/01/20					ose & loute of Transn ission	Em. il: info@ aming.ny.go	Fac imile: 518-31 8-3403	Tel phone: 518-3: 8-3400



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Trainer/Client LISCO JOSCO DYNN	Return form to:  N.Y.S. Gaming Commission One Broadway Center	Telephone: Facsimile:	518-388-3400 518-388-3403
Horse Heart of Mine 1/3	Schenectady, N.Y. 12305	Email:	info@gaming.ny.gov
Date Time Disconneis			
	Treatment: Drug Administered, Dose & Route of Transmission	se & Route of	Transmission
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1/9/20	Notreadment		

All entries must be complete and legible. Incomplete or illegible records will not be accepted.



Veterinarian

Return form to:

N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305

Email:

info@gaming.ny.gov

Facsimile:

518-388-3403

Telephone:

518-388-3400

Trainer/Client

Horse

#### Veterinary Treatment Record Form VR1A

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					Thopa GAM	Time
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					KUNTKIN 10cc IN	Treatment: Drug Administered, Dose & Route of Transmission

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Veterinarian	Return form to: Telephone	<b>Telephone:</b> 518-388-3400
Trainer/Client Douglas R. Ackerman	N.Y.S. Gaming Commission Facsimile: One Broadway Center	Facsimile: 518-388-3403
Horse Spicy Covina	Schenectady, N.Y. 12305	info@gaming.ny.go

Date Ti	Time Diagnosis
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#### Veterinary Treatment Record Form VR1A

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V1 09/01/20

Veterir	narian	Steve Day	4	Return form to:	Telephone:	518-388-3400
Traine	r/Client	Brett Pella		N.Y.S. Gaming Commission One Broadway Center	Facsimile:	518-388-3403
Horse	T	Steve Pay Breff felling est of Faith	1/6	Schenectady, N.Y. 12305	Email:	info@gaming.ny.gov
Date	Time	Diagnosis		Treatment: Drug Administered, I	Dose & Route of	Transmission
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Return form to:

Telephone:

518-388-3400

# Veterinary Treatment Record Form VR1A

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		9/9/2020-	Date T	orse	rainer/Client	Co
		88	Time	C	lient	neen
			Diagnosis	L	Willy Mine	me Elhinew
					1	Monique Cohen
		"no treatment	Treatment: Drug Administered, Dose & Route of Transmission	Schenectady, N.Y. 12305	N.Y.S. Gaming Commission One Broadway Center	
		ment	se & Route of	Email:	Facsimile:	מוקטוסות.
		,	Transmission	info@gaming.ny.gov	518-388-3403	218-388-3400

Il entries must be complete and legible. Incomplete or illegible records will not be accepted.



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Trainer/Client Linda Joscano	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile:	Facsimile: 518-388-3403 Email: info@gaming.ny.gov
Horse Albergita Hanover	N.Y. 12305	āii	info@gaming.ny.gov
Date Time Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission	Route of T	Transmission
9/11/20	Notreatment		
Vid203P Dehudrated	LRS, 3L, IV		
219/20	NoTreatment		