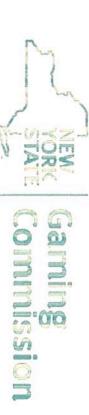


Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

	Date Time Diagnosis Tro	ip	Trainer/Client Erv miller	rach Calice Dum	
No treatment	Treatment: Drug Administered, Do	Schenectady, N.Y. 12305	N.Y.S. Gaming Commission One Broadway Center	Return form to:	
+	se & Route of	Email:	Facsimile:	Telephone:	
	nistered, Dose & Route of Transmission	info@gaming.ny.gov	518-388-3403	Telephone: 518-388-3400	

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



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

Horse	Trainer/Client	Veterinarian	
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		JUN
Schenectady, N.Y. 12305	N.Y.S. Gaming Commission One Broadway Center	Return form to:
Email:	Facsimile:	Telephone:
info@gaming.ny.gov	<b>Facsimile:</b> 518-388-3403	Telephone: 518-388-3400

				wa 21 8/6	9/8 12om	Date
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			9	POST TRASMING RENAB	POST TEOSUSUG REHAB	Time Diagnosis
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Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

				Date Ti		Horse S.	Trainer/Cli	Veterinarian
				Time Diagnosis		Horse Stretch The Line	Trainer/Client	Chad Calice DVM
			No treatment	Treatment: Drug Administered, Dose & Route of Transmission	8	Schenectady, N.Y. 12305	N.Y.S. Gaming Commission One Broadway Center	Return form to:
1				se & Route of		Emall:	Facsimile:	Telephone:
				Transmission		info@gaming.ny.gov	518-388-3403	518-388-3400

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



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

Veterinarian	Return form to:	Telephone:	<b>Felephone:</b> 518-388-3400
Ellen Krueger		•	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Trainer/Client,	N.Y.S. Gaming Commission	Facsimile:	Facsimile: 518-388-3403
JOHN MC NORMOTT	One Broadway Center		
Horse HILARTKANK CHUCK	Schenectady, N.Y. 12305	Email:	info@gaming.ny.gov

		9/9/21	विश्रिय ह	4/8/1	Date
		J. Ogum	May (	7.00	Time
		9/9/21 7:02m Gostnic weeks	9/8/11 8:00m Muscle soveness	9/8/11 7:00m Grashic Weers	Diagnosis
Ellethuger, vins		Eastraganch, I tube, orally	Flunikin meglumine, loce, N	Gostrogers, 1 trbe, orally	Treatment: Drug Administered, Dose & Route of Transmission

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



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

Veterinarian Janet Adurso DVM Trainer/Client B	Return form to:  N.Y.S. Gaming Commission	Telephone: Facsimile:	518-388-3400 518-388-3403
Horse JD	Schenectady, N.Y. 12305	Email:	info@gaming.ny.gov
Date Time Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission	e & Route of	Transmission
no treatments			
James C			
Jank Me Sino			

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



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

	Return form to:	Telephone:	Telephone: 518-388-3400
d Calice Dum			
Trainer/Client	N.Y.S. Gaming Commission	Facsimile:	Facsimile: 518-388-3403
John Butenschoen	One Broadway Center		
Horse 21.	Schenectady, N.Y. 12305	Email:	info@gaming.ny.gov
FORTEST DIW			

		/	3/9/21 8:00 Am	Date
			8:00 Am	Time
			Gastric wicers	Diagnosis
			Gastrogard, 1 tube, PO	Treatment: Drug Administered, Dose & Route of Transmission



Trainer/Client

Horse

PICK up mon hander

Veterinarian

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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

## **Veterinary Treatment Record Form VR1A**

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

			9/96	Date
			9/9b/ 6Am	Time
			done	Diagnosis
			NO YOURS MAN	Treatment: Drug Administered, Dose & Route of Transmission

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