



Gaming Commission

Veterinary Treatment Record Form VR1A

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

| | | | |
|-----------------|--|--|--|
| Veterinarian | MAZZARISI, TED | | |
| Trainer/Client | SUAUSTEDT, AKE | | |
| Horse | Seven Times a Lady 2/1 | | |
| Return form to: | N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305 | | |
| Telephone: | 518-388-3400 | | |
| Facsimile: | 518-388-3403 | | |
| Email: | Info@gaming.ny.gov | | |

| Date | Time | Diagnosis | Treatment: Drug Administered, Dose & Route of Transmission |
|---------|-----------------|------------------|--|
| 9/10/20 | 5 ³⁰ | IN Heat (Estrus) | 3cc HCG-IM |
| 9/10/20 | 5 ⁴⁵ | Allergies | 250 ml sodium iodide solution - IV |
| 9/10/20 | 5 ⁴⁵ | Allergies | 5 ml Flunixin Meglumine - IV |
| 9/11/20 | 5 ⁴⁵ | Allergies | 60 cc DMSO IV |
| 9/11/20 | | NO TXT | NO TXT |
| 9/11/20 | | NO Txt | |
| 9/11/20 | | | |

Ted Mazzarisi, DVM



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|---|--|--|--|-------------------------|
| Veterinarian Dr. Eric Kates | | Return form to: | | Telephone: 518-388-3400 |
| Trainer/Client XXXXXXXXXX Jennifer Bongiorno | | N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305 | | Facsimile: 518-388-3403 |
| Horse NO MFS DRAMA 2/a | | Email: info@gaming.ny.gov | | |

| Date | Time | Diagnosis | Treatment: Drug Administered, Dose & Route of Transmission |
|------|------|--|--|
| 9/9 | 12pm | STOMACH ULCERS | full tube gastroguard (Kates) |
| 9/9 | 2pm | post training fluid replacement NSAID-post training | 5L fluids, amino acids, vitaminiv Branamine 10cciv iron 5cciv (Kates) |
| 9/10 | 12pm | stomach ulcers | full tube gastroguard (Kates) |
| 9/11 | 10AM | stomach ulcers | full tube gastroguard (Kates) |
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|------------------------------------|--|---|--|---------------------------|--|
| Veterinarian MAZZARISI, TED | | Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305 | | Telephone: 518-388-3400 | |
| Trainer/Client Mebacher, Marcus | | | | Facsimile: 518-388-3403 | |
| Horse HYPNOTIC AM 2/3 | | | | Email: info@gaming.ny.gov | |

| Date | Time | Diagnosis | Treatment: Drug Administered, Dose & Route of Transmission |
|---------|------|--------------|--|
| 9/10/20 | 3 PM | dehydration | 3 litres saline (0.9%) - IV |
| 9/9/20 | | No treatment | |
| 9/11/20 | | No treatment | |
| | | | |
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All entries must be complete and legible. Incomplete or illegible records will not be accepted.

[Signature] V1 09/01/20



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|----------------|----------------------|--|--|--|-------------------------|
| Veterinarian | BLIAN T. LAZZO N DVM | | | Return form to: | Telephone: 518-388-3400 |
| Trainer/Client | FRED GAUT | | | N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305 | Facsimile: 518-388-3403 |
| Horse | ISLAND LILY 2F4 | | | Email: info@gaming.ny.gov | |

| Date | Time | Diagnosis | Treatment: Drug Administered, Dose & Route of Transmission |
|-----------|---------|------------------|--|
| 9/9 | 11:00am | Heart Murmur | IV Lasix / vitamins / DMSO 3L Elix |
| | | As of 10/10/2019 | |
| 9-10-9-11 | | no treatment | |
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|--|------------------------|---------------------------|--|
| Veterinarian | Stephen Bokman DVM MS | | |
| Trainer/Client | J Miller | | |
| Horse | Love A Good Story 2/15 | | |
| Return form to: | | Telephone: 518-388-3400 | |
| N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305 | | Facsimile: 518-388-3403 | |
| | | Email: info@gaming.ny.gov | |

| Date | Time | Diagnosis | Treatment: Drug Administered, Dose & Route of Transmission |
|---------|------|-------------|--|
| 9/19/20 | | None | None - No treatment |
| 9/19/20 | | None | None - No treatment |
| 9/19/20 | 8 AM | Dehydration | LR5, 2L, IV |
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|--|----------------|---------------------------|--|
| Veterinarian | MAZZARIST, TED | | |
| Trainer/Client | ENGBLOM PER | | |
| Horse | MUNSTER | 2/4 | |
| Return form to: | | Telephone: 518-388-3400 | |
| N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305 | | Facsimile: 518-388-3403 | |
| | | Email: info@gaming.ny.gov | |

| Date | Time | Diagnosis | Treatment: Drug Administered, Dose & Route of Transmission |
|---------|------------------|------------------|--|
| 9/19/20 | 12 ³⁰ | SORE HOOCS | ACUPUNCTURE - DRY NEEDLES |
| 9/19/20 | 12 ³⁰ | MILD Dehydration | 6 litres saline - IV |
| 9/19/20 | 12 ³⁰ | SORE HOOCS | 5cc Banamine - IV |
| 9/19/20 | 12 ³⁰ | NO TREATMENT | |
| | | | |
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V1 09/01/20



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| | | | |
|--|------------------------|---------------------------|--|
| Veterinarian | K. David Eggleston DVM | | |
| Trainer/Client | George Dickhane | | |
| Horse | Wichita Warriors 2/17 | | |
| Return form to: | | Telephone: 518-388-3400 | |
| N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305 | | Facsimile: 518-388-3403 | |
| | | Email: info@gaming.ny.gov | |

| Date | Time | Diagnosis | Treatment: Drug Administered, Dose & Route of Transmission |
|-------------|-------|--------------|--|
| 3 Sept 2010 | | | No treatment |
| 10 Sept | 11 AM | Dehydration | normal - 3 Liters IV |
| 11 Sept | | NO Treatment | |
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