



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	Stephen Bohman DIMMS		Return form to:	Telephone: 518-388-3400
Trainer/Client	J Miller		N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	Aela Jameson 3/1		Email: info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/10/20			No Treatment
9/10/20			No Treatment
9/11/20	8pm	Dehydration	LR5, 2L, IV



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Veterinarian		
Trainer/Client	Ray Van Dreason	
Horse	If Not The Who Race 3 #2 3/2	
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
9/9 -		9/11/20	
NO Meds			



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Veterinarian		Mazzanti, Ted		Return form to:		Telephone: 518-388-3400	
Trainer/Client		Stavus, Alie		N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305		Facsimile: 518-388-3403	
Horse		Broad Stokes 3/4		Email:		info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/10/20	9:00 AM	Mild Pharyngitis	250 ML Sodium Iodide - IV
9/10/20	9:10 AM	Mild Pharyngitis	5 ML Flunixin Meglumine - IV
9/10/20	9:15 AM	Mild Pharyngitis	600 cc DMSO - IV
9/11/20		NO TX	NO TX
9/9		NO TX	

Ted Mazzanti, DVM



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Veterinarian	Sarah Begley, DVM		
Trainer/Client	Maureen Salino		
Horse	Credit Income 3/5		
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
9/10/20	10:30 AM	Dehydration	1L Saline IV
9/11		no treatment	
9/5		no treatment	



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Veterinarian: MAZZARISI, TED		Return form to:		Telephone: 518-388-3400	
Trainer/Client: Melander, Marcus		N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305		Facsimile: 518-388-3403	
Horse: Iteration AM 3/16				Email: info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/10/20	3:45	Mild dehydration	3 litres Saline - IV
9/9/20		No treatment	
9/11/20		No treatment	

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

Ted Mazzarisi
9/10/20



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Veterinarian	MAZZARISI, TED		Return form to:	Telephone: 518-388-3400
Trainer/Client	McLarder		N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	INSURED AM 3/7		Email: info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/10/20	3:30	MILD dehydration	3 litres Saline - IV
9/9/20		No treatment	
9/11/20		No treatment	

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

Ted Mazzarisi

V1 09/01/20



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Veterinarian		Mazzetti, TED	
Trainer/Client		SUNUS-Test, ALLE	
Horse		XXXXXXXXXXXXXXXXXXXX Splash Blue CHTP	
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	

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Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/10/20	6 AM	SORE BACK	Acupuncture Dry Needles
9/10/20	6:15 PM	Margies	250 mL Sodium iodide solution - IV
9/10/20	6:30 PM	Sore Back	See Flunixin meglumine IV
9/10/20	6:30 PM	Sore back	60cc DMSO IV
9/10/20	7:30 PM	ERM Progloraxis/Treatment	1000 1000 lb dose MARGUIS ORALLY
9/10/20	7:45 PM	Anti-ulcer Medication	1 Tube Gastrogard orally
9/10/20	7:45 PM	Anti-ulcer Medication	1 TUBE Gastrogard orally
9/9		No tx	Tand Metformin - 1000