



Gaming Commission

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Veterinary Treatment Record Form VR1A

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

Veterinarian	<i>Janet Dusso DVM</i>		
Trainer/Client	<i>Ray Schuttler</i>		
Horse	<i>Karinchak</i>		
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
		<i>NO medications</i>	



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Veterinarian	DR RICHARD ZINN	Return form to: N.Y.S. Gaming Commission One Broadway Center Scheneectady, N.Y. 12305	Telephone:	518-388-3400
Trainer/Client	NICKOLAS DEWITT		Facsimile:	518-388-3403
Horse	GLOBAL TWIST		Email:	info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/3/25	12:15 PM	POST TRAINING	BANAMINE 10cc IV
9/4/25	1:00 PM	DEHYDRATION	5L FLUIDS IV VITAMIN C IV 250mg

Richard Zinn
NY 7442

VET: Steve Mey

TRAINER/CLIENT: Noel Daley

HORSE: Seven Layer



One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

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Section 4012.4 and 4120.9 of NYCRR 9E
9/1/15

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/3/25	—	No Treatment	—
9/9/25	—	No Treatment	—
9/15/25	9:00 AM	Stress modulation	5 liters fluids IV / 70 vitamins 35 ml

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Veterinarian	Chris Grossenbacher	Return form to:	Telephone: 518-388-3400
Trainer/Client	Sara Baillaugan	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	Fadeaway Hanover R9 #6		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
Sept 4	12 noon	inflammation/dehydration	bandamine 10cc IV SL fluids w/ folic, B12, vit c, iron IV
Sept 5	12 noon	prevention proactive	10L fluids IV 5cc poly-g IV



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Veterinarian	Rowan Schomburg VMD	Return form to:	Telephone: 518-388-3400
Trainer/Client	Marcus Melander	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	Variegated		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/3/25	11:00 AM	_____	NO treatments
9/4/25	11:00 AM	_____	ll ll
9/5/25	9:00 AM	_____	ll ll

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

[Signature]



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Veterinarian JAKE KIEFER	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client JOHN BECKER		Facsimile: 518-388-3403
Horse BIMBA LIL MAU		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9-2-25	7AMU		NO TREATMENT
9-6-25			