NEW YORK STATE | 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 Bokman DVM MS	**Return form to:**	**Telephone:**	518-388-3400
Trainer/Client R Barker	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	**Facsimile:**	518-388-3403
Horse Lexus Kitty		**Email:**	info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/9/26	—	+ —	No Treatment
9/10/26	—	—	No Treatment
9/11/26	7Am	Dehydration	Saline 5L IV

All entries must be complete and legible. Incomplete or illegible records will not be accepted. V1 09/01/20

NEW YORK STATE OF OPPORTUNITY. | Gaming Commission

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

VET: _____

TRAINER/CLIENT: _____

HORSE: GIO CASH

Veterinary Record Form VR1a
Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/7/20	1800		5L Plasmalyte

06/20/15

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www.gaming.ny.gov

VET: _____

TRAINER/CLIENT: _____

HORSE: HOOKER BERRY

Veterinary Record Form VR1a
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DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/10	9:36A	(DR. BALDWIN)	BANAMINE 400 mg IV
9/9/26	1pm		Vitamin Jug / 5L Plasmalyte
9/10/26	1:30pm		5L Plasmalyte IVF

06/20/15

NEW YORK STATE | Gaming Commission

Veterinary Treatment Record Form VR1A

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Veterinarian Rowan Schomburg	**Return form to:** N.Y.S Gaming Commission 354 Broadway Schenectady, NY 12305	**Telephone:** 518-388-3300	
Trainer/Client Marcus Melander		**Facsimile:** 518-388-3403	
Horse Bourbonista S		**Email:** info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
		ND medications administered	
		Dr Sch	

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NEW YORK STATE | Gaming Commission

Veterinary Treatment Record Form VR1A

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Veterinarian Rowan Schomburg	**Return form to:** N.Y.S Gaming Commission 354 Broadway Schenectady, NY 12305	**Telephone:** 518-388-3300	
Trainer/Client Marcus Melander		**Facsimile:** 518-388-3403	
Horse Super Chapter		**Email:** info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
		NO medications administered	
		Dr Sch	

Scanned with CamScanner

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NEW YORK STATE | Gaming Commission

Veterinary Treatment Record Form VR1A

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Veterinarian S. P. Dey III VMD	**Return form to:** N.Y.S Gaming Commission 354 Broadway Schenectady, NY 12305	**Telephone:**	518-388-3300
Trainer/Client DANIEL WÄJERSTEN		**Facsimile:**	518-388-3403
Horse MELLBY JINX		**Email:**	info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/8/26		Stress Management / Hydration	5 Lifes Fluids IV
9/9/26		No Tx	No Tx
9/10/26		V	V
9/11/26			

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NEW YORK STATE OF OPPORTUNITY. Gaming Commission

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

VET: _____

TRAINER/CLIENT: _____

HORSE: Powwow

Veterinary Record Form VR1a
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DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/7/26	130		5L IVF Plasmalyte

06/20/15

NEW YORK STATE OF OPPORTUNITY. | Gaming Commission

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

VET: _____

TRAINER/CLIENT: _____

HORSE: DIVA EK

Veterinary Record Form VR1a
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DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/7/26	1:30		5L Plasmalyte IVF
9/8/26	12:30		5L Plasmalyte IVF
9/9/26	1pm		(L) Nasolacrimal duct flush Saline
9/10/26	13:30 pm		5L Plasmalyte IVF

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Veterinarian Stephen Bekman DVM	**Return form to:**	**Telephone:**	518-388-3400
Trainer/Client R Burke	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	**Facsimile:**	518-388-3403
Horse Antagnoni S		**Email:**	Info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/9/26	—	—	No Treatment
9/10/26	—	—	No Treatment
9/11/26	7AM	Dehydration	Saline 5 l IV

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V1 09/01/20

NEW YORK STATE OF OPPORTUNITY. | Gaming Commission

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www.gaming.ny.gov

VET: Tillingbast

TRAINER/CLIENT:

HORSE: BETTING Pacer

Veterinary Record Form VR1a
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DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/1/26	12:00		10 L Plasmalyte
9/8/26	12:30		5 L Plasmalyte
9/10/26	13:40		5 L Plasmalyte