KHRC 8-010-1 (11/2018)

## **KENTUCKY HORSE RACING COMMISSION**

Veterinary Report of Horses Treated to be submitted daily.

## DATE TREATED \_\_\_\_\_ 20

Please Print or Write Legibly

Name of Veterinarian \_\_\_\_\_D.V.M.

PLEASE NOTE: O.T. for one time medication P. for permanent medication

P.R. for post race medication

Time	Horse	Trainer	Medication	Notes
		ļ		
Signed				_ D.V.M.

Received by \_\_\_\_\_\_, KHRC Veterinarian on \_\_\_\_\_ Above Information Confidential<sup>(date)</sup>

(time)

at\_\_\_\_

