KHRGC 8-010-1 (11/2018)

KENTUCKY HORSE RACING AND GAMING CORPORATION

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

Signed _____ D.V.M.

Received by _____, KHRC Veterinarian on _____ (date) at _____ (time)

Above Information Confidential

Kentucky UNBRIDLED SPIRIT

EQUAL OPPORTUNITY M/F/D