

**KENTUCKY HORSE RACING  
COMMISSION  
VETERINARY REPORT OF HORSES  
TREATED WITH  
EXTRACORPOREAL SHOCK WAVE  
THERAPY OR RADIAL PULSE  
WAVE THERAPY  
KHRC 8-010-3 (11/2018)**



NAME OF HORSE: \_\_\_\_\_

TATTOO: \_\_\_\_\_ YEAR FOALED: \_\_\_\_\_

COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_

TRAINER: \_\_\_\_\_

DATE OF TREATMENT: \_\_\_\_\_

TREATING VETERINARIAN: \_\_\_\_\_  
(Print name)

SIGNATURE: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

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RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

THE ABOVE HORSE WILL NOT BE ELIGIBLE TO RACE IN THIS JURISDICTION UNTIL:

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