

KHRC VETERINARIAN WORK REQUEST:

DECLARATION OF FITNESS TO SCHEDULE A HORSE TO WORK FOR THE KHRC STATE VETERINARIAN PURSUANT TO HISA 2242

HORSE: _____ Tattoo/MC#: _____

TRAINER: _____ Phone/email: _____

BARN: _____ TRACK : _____

REASON HORSE WAS PLACED ON THE VET LIST/Required to work:

- UNSOUND or LAME (Anatomical Location): _____
- EPISTAXIS
- MEDICATION (Circle one: Anabolic Steroid / Clenbuterol / Medication Violation)
- EXHAUSTION
- 4 YEAR OLD and UP- NON-STARTER
- LAY OFF – Horse that has not run in 365 days
- OTHER _____

DIAGNOSTIC MANAGEMENT AND TREATMENT:

Physical Examination Findings, Diagnosis, and Relevant History:

Diagnostic Imaging Y / N If yes, describe findings:

Treatments and Procedures during the previous 30 days:

The trainer and I have examined the above horse and have found the horse sound at a jog and absent any abnormalities after palpation except as noted above in findings. In our opinion the above horse is now fit to work for the state veterinarian in order to verify its fitness to compete in a race.

Attending Veterinarian:

(Print)

(Signature)

(Date)

Attending Veterinarian Contact Number: _____

Time and Date received by State Veterinarian's office _____

**A WORK WILL NOT BE SCHEDULED UNLESS THIS FORM IS COMPLETED IN FULL TO THE SATISFACTION OF
THE KHRC VETERINARIAN**

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