



Ministry of Housing and Social Development Gaming Policy and Enforcement Branch

Page 1 of 2

Veterinarian List

Vet Type:	Practitioner
Breed:	Thoroughbred
From Date:	s.22
To Date:	s.22



Ministry of Housing and Social Development Gaming Policy and Enforcement Branch

Page 2 of 2

Veterinarian List

Horse Name	Tattoo #	Trainer	Date On List	Date Off List	Reason	Suspended Indicator
s.22	s.22				flipped in gate	N
					flipped in paddock	N
					sick	N
				19-SEP-2012	flipped in gate	N
				19-SEP-2012	sick	N
				19-SEP-2012	injured in gate	N



Ministry of Housing and Social Development Gaming Policy and Enforcement Branch

Page 1 of 2

Veterinarian List

Vet Type:	Official Veterinarian
Breed:	Thoroughbred
From Date:	s.22
To Date:	s.22



Ministry of Housing and Social Development
Gaming Policy and Enforcement Branch

Page 2 of 2

Veterinarian List

Horse Name	Tattoo #	Trainer	Date On List	Date Off List	Reason	Suspended Indicator
	s.22		s.22		lame on parade	N
					lame on parade	N

*

s.22

DATE ON SHOULD BE 08-SEPT-2012

Not responsive



Print and Close

Cancel

Gaming Information and Services

Know your limit, play within it.

Add to Veterinarian's List

Help

Tattoo #: s.22

s.22

Thoroughbred

All fields with an asterisk (*) must be completed.

Veterinarian's List

* Date On:

Date Off:

* Reason:

* Vet Type:

 05-Oct-2012

flipped in gate

Practitioner

Comments:

Print and Close

Cancel



Print and Close

Cancel

Gaming Information and Services

Know your limit, play within it.

Add to Veterinarian's List

Help

Tattoo #: s.22

s.22

Thoroughbred

All fields with an asterisk (*) must be completed.

Veterinarian's List

* Date On:

s.22

Date Off:

* Reason:

lame on parade

* Vet Type:

Official Veterinarian

Comments:

LF

Print and Close

Cancel



Print and Close

Cancel

Gaming Information and Services

Know your limit, play within it.

Add to Veterinarian's List

Help

Tattoo #: s.22

s.22

Thoroughbred

All fields with an asterisk (*) must be completed.

Veterinarian's List

* Date On:

s.22



Date Off:



* Reason:

lame on parade

* Vet Type:

Official Veterinarian

Comments:

tied up

Print and Close

Cancel



Print and Close

Cancel

Gaming Information and Services

Know your limit, play within it.

Add to Veterinarian's List

Help ?

Tattoo #: s.22

s.22

Thoroughbred

All fields with an asterisk (*) must be completed.

Veterinarian's List

* Date On:

s.22

Date Off:

19-Sep-2012

* Reason:

injured in gate

* Vet Type:

Practitioner

Comments:

RH

Print and Close

Cancel



Print and Close

Cancel

Gaming Information and Services

Know your limit, play within it.

Add to Veterinarian's List

Help

Tattoo #: s.22

s.22

Thoroughbred

All fields with an asterisk (*) must be completed.

Veterinarian's List

* Date On:

s.22

Date Off:

19-Sep-2012

* Reason:

flipped in gate

* Vet Type:

Practitioner

Comments:

RF

Print and Close

Cancel



Print and Close

Cancel

Gaming Information and Services

Know your limit, play within it.

Add to Veterinarian's List

Help ?

Tattoo #: s.22

s.22

Thoroughbred

All fields with an asterisk (*) must be completed.

Veterinarian's List

* Date On:

s.22



Date Off:



* Reason:

flipped in paddock

* Vet Type:

Practitioner

Comments:

Print and Close

Cancel



Print and Close

Cancel

Gaming Information and Services

Know your limit, play within it.

Add to Veterinarian's List

Help

Tattoo #: s.22

s.22

Thoroughbred

All fields with an asterisk (*) must be completed.

Veterinarian's List

* Date On:

s.22



Date Off:

19-Sep-2012



* Reason:

sick

* Vet Type:

Practitioner

Comments:

fever

Print and Close

Cancel



Print and Close

Cancel

Gaming Information and Services

Know your limit, play within it.

Add to Veterinarian's List

Help ?

Tattoo #: s.22

s.22

Thoroughbred

All fields with an asterisk (*) must be completed.

Veterinarian's List

* Date On:

s.22



Date Off:



* Reason:

sick

* Vet Type:

Practitioner

Comments:

colic treated

Print and Close

Cancel

Equine Injury Database - Racing Injury Form

22

Date No.: _____

Track: Hastings Date: s.22 Race: 7

Horse Name: _____ s.22

Age/Sex/Color (optional): J 1 Breed: Thoroughbred Quarter Horse Appaloosa Arabian
Paint Mule

Reporting Veterinarian: JK Attending Veterinarian: JK

Pre race: _____

Official Veterinarian Scratch AM Paddock / Post Parade / Gate _____

Soundness / Injury / Other Sick

Post race: Past wire / Returning After unsaddling Detention Barn _____

Other: _____

Ship-In: _____
 0-10 days _____
 Resident _____
 Unknown _____

Stretch: _____

Pol: _____ XX Gate X Incident

One Turn: 440 yds. 660 yds. 770 yds. 880 yds. 1000 yds. < 5 f 5 f 6 f 6 1/2 f 7 f 7 1/2 f 1 mile > 1 mile	Two Turns: 0 f 5 1/2 f 7 f 7 1/2 f 1 mile 1 mile 1/16 1 mile 1/8 1 mile 3/16 1 mile 1/2 1 mile 3/4	No Turns: 220 yds. 250 yds. 300 yds. 330 yds. 350 yds. 400 yds. 450 yds. 550 yds. 660 yds. Other: _____ turn	Contact with rail / gate / vehicle: _____ Contact w/ other horse: _____ Ducked _____ Stumbled _____ Equipment Failure _____ Flipped _____ Clipped heels: _____ Collapsed _____ Failed to maintain course _____ Pulled Up _____ Lost Shoe(s) _____	NA _____ Jockey - _____ foul claim _____ Steward _____ inquiry _____ DC: _____ Y N	NONE _____ Ambulance _____ Kimzey collar _____ Compression band _____ Robert Jones Egg _____ Ext. stabilization _____ other _____ Sling _____ Rescue Sled _____ Other _____	NONE _____ Acetaminophen _____ Butorphanol _____ Detomidine _____ Xylazine _____ Pred. Sodium _____ Succinate _____ NSAID _____ Other _____
--	--	--	---	--	--	---

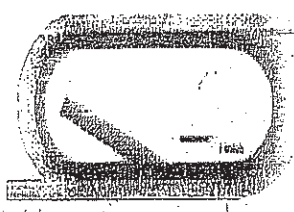
Blinkers _____	Plain/Queens Plate _____	FR _____	HD _____	Non-fatality _____
Scoop Blinkers _____	QXT _____	_____	_____	Fatality _____
Bit Burt _____	Run shoe _____	_____	_____	Euthanized _____
Ring Bit _____	Toe grab _____	_____	_____	Date: _____
Run out Bit _____	(QH, HI, MED, LO) _____	_____	_____	Died _____
Comell Collar _____	Hot nails _____	_____	_____	Unknown _____
Flapping Halter _____	Jar cables _____	_____	_____	
Bandages: Front _____	Blocked heels _____	_____	_____	
Rear _____	Slickers _____	_____	_____	
Other: _____	Bent shoes _____	_____	_____	
Unknown _____	Fed / Run Pads _____	_____	_____	
	Ice Shoe _____	_____	_____	
	Solder plate _____	_____	_____	
	1/2 crack patch _____	_____	_____	
	Unshod _____	_____	_____	
	Hot wall reconstruction _____	_____	_____	
	Unknown _____	_____	_____	
	Other: _____	_____	_____	

Line	Category	Anatomical Region	Site	Injury Description
A	3rd rib celiv	Neck	Ad	
B				
C				
D				

Updated 7/1/06

Equine Injury Database - Racing Injury Form

Case No.:		Track: <u>Hankree</u>		Date: <u>s.22</u>	Race: <u>3</u>
Horse Name: <u>s.22</u>		Breed: <u>Thoroughbred</u>		Quarter Horse	Appaloosa
Age/Sex/Color (optional):		Breed: <u>Palm</u>		Mule	Arabian
Reporting Veterinarian: <u>S.22</u>		Attending Veterinarian: <u>S.22</u>			

Pre race: Official Veterinarian Scratch At: Paddock / Post Parade / Gate: Soundness / Injury / Other: <u>Sick</u> Post race: Pasture / Returning After unsaddling Detention Barn Other:	Ship-In: 1-10 days: Resident: Unknown: Yes No Jockey Other: Horse Fell Fell Off After Fall Kicked Other:	 Stretch: Polio: <u>XX</u> Gate: <u>X</u> Incident:
--	---	--

One Turn: 440 yds. 660 yds. 770 yds. 870 yds. 1000 yds. < 5 f 5 f 6 1/2 f 8 f 8 1/2 f 7 f 7 1/2 f Mile > Mile	Two Turns: 8 f 8 1/2 f 7 f 7 1/2 f Mile 1 mile 70 yd 1 mile 1/16 1 mile 1/8 1 mile 3/16 1 mile 1/2 1 mile 3/4 Other:	No Turns: 220 yds. 250 yds. 300 yds. 330 yds. 350 yds. 400 yds. 450 yds. 550 yds. 660 yds. Other:	Contact with rail / gate / vehicle: Contact w/ other horse: Ducked Stumbled Equipment Failure: Flipped Clipped heels: Collapsed Failed to maintain course Pulled Up Lost Shoe(s)	N/A: Jockey - foul claim Stewards inquiry: DL: Y N	NONE Ambulance Kimzey splint Compression band Robert Jones Bag Ext. stabilization other: Shing Rescue Sled Other:	NONE Acepromazine Butorphanol Detomidine Xylazine Pred. Sodium Succinyl NSAID Other:
---	--	---	--	--	--	--

Blinkers Scoop Blinkers Bit Burt Ring Bit Run out Bit Cornell Collar Flipping Halter Bandages: Front Rear Other: Unknown	Plain/Queens Plate QXT Rim shoe Toe grab (QH, HL, MED, LO) Mud nails Jar cauter Blocked heels Socks Bent shoes Full / Rim Pads Bar Shoe Soldier plate 1/2 crack patch Unshod Hoof wall reconstruction Unknown Other:	FR HD	Non-fatality Fatality Euthanized Date: Died Unknown
---	---	----------	--

Line	Category	Anatomical Region	Severity	Injury Description
A	<u>Sick</u>	<u>Severe</u>		
B				
C				
D				

Updated 7/11/06

Equine Injury Database - Racing Injury Form

EX 150X GOVIX

Case No. _____ Date: s.22 Race: 6

Track: _____ Horse Name: s.22

Age/Sex/Color (optional): _____ Breed: Thoroughbred Paint Quarter Horse Appaloosa Arabic

Reporting Veterinarian: _____ Attending Veterinarian: _____

Pre race: _____ Official Veterinarian Scratch AM Paddock / Post Parade / Gate _____

Soundness / Injury / other: _____

Post race: Fast wire / Returning After unsaddling Detention Barn _____

Other: _____

Y/N Jockey: _____ Horse Fell: _____ After Fall: _____ Other: _____

Stretch: _____

Photo: _____ X Gate: _____ X Incident: _____

One Turn: 440 yds 660 yds 770 yds 870 yds 1000 yds < 5 f 5 f 6 1/2 f 6 f 6 1/2 f 7 f 7 1/2 f 1 mile > 1 mile	Two Turns: 0 f 6 1/2 f 7 f 7 1/2 f 1 mile 1 mile 1/16 1 mile 3/16 1 mile 1/2 1 mile 3/8	No Turns: 220 yds 250 yds 300 yds 330 yds 350 yds 400 yds 450 yds 550 yds 660 yds Other: _____ turn	Contact with rail / gate / vehicle: Contact w/ other horse: Lucked Stumbled Equipment Failure Flipped Cipped heels Collapsed Failed to maintain course Pulled Up Lost Shoe(s)	NE: Jockey: Bored Fell Impeded Checked Bothered DUE Lost ride	NONE Ambulance Kinzey collar Compression band Robert Jones bag Ext. stabilization Other: _____ Sling Rescue Sling Other: _____	NONE Accompany: Autograph Perimeter Xylophone Fred. Soder: Succinate NSAID Other: _____
--	--	---	---	---	---	---

Blinkers Scoop Blinkers Bit Bar Fung Bit Fun out Bit Cornell Collar Flipping Halter Bandaged: Front Rear Other: _____ Unknown	Plain/Queens Plate QXT Rim shoe Ice grab (OH, H, MED, LO) Mud nails Jar caulk Blocked heels Socks Bent shoes Fid / Rim Pad Ice shoe Sinker plate 1/2 crack patch Unshod Hoof wall reconstruction Unknown Other: _____	FR HD	Non-fatality Fatality Euthanized Date: _____ Died Unknown
--	--	----------	--

	Limb	Category	Anatomic Region	Site	Injury Description
A					
B					
C					
D					

injured in gate
RH out.

UNIVERSITY OF MICHIGAN

Equine Injury Database - Racing Injury Form

ED AND 900

Case No.	Track			Date: s.22	Race 6
Horse Name.	s.22				
Age/Sex/Color (optional)	Breed:	Thoroughbred	Quarter Horse	Appaloosa	
Reporting Veterinarian:	Attending Veterinarian:				
Pre race:	White Red Unknown				
Official Veterinarian Scratch At:	Stable Field				
Paddock / Post Parade / Gate	Stable Field				
Soundness / Injury / Other	Yes No				
Post race: Race wire / Returning	Jockey Other				
After unsaddling	Horse Fell Fell Off				
Detention Barn	After Fall Kicked				
Other:	Other				

One Turn:	Two Turns:	Four Turns:	Contact with rail / gate / vehicle:	NO	NONE	NONE
440 yds:	0 f	220 yds:	Contact w/ other horse:	Jockey:	Ambulance:	Accompanied:
660 yds:	0 1/2 f	250 yds:	Locked:	Can loose:	Kinzev solid:	Uniformed:
770 yds:	7 f	300 yds:	Stumbled:	Bones:	Compression band:	Deionidine:
870 yds:	7 1/2 f	330 yds:	Equipment failure:	Fell:	Robert Jones bag:	Xylazine:
1000 yds:	Mile	350 yds:	Flipped:	Impeded:	Ext. stabilization:	Pred. Socks:
< 5 f	1 mile 70 yds	400 yds:	Cipped heel:	Checked:	Other:	Succinate:
5 f	1 mile 1/10	450 yds:	Collapsed:	Bottered:	Shing:	NSAID:
5 1/2 f	1 mile 1/10	550 yds:	Failed to maintain course:	Pushed Up:	Rescue Sled:	Other:
6 f	1 mile 3/10	660 yds:	Lost Shoe(s):	Lost race:	Other:	
6 1/2 f	1 mile 1/2					
7 f	1 mile 3/8	Other:				
7 1/2 f		turn				
Mile						
> Mile						

Blinkers:	Plain/Queens Plate	FR	HD	Non-fatality
Scoop Blinkers:	QXT			Fatality
Blk Burr:	Rim shoe			Euthanized
Ring Blk:	Ice grab			Date:
Run out Blk:	(OH, HI, MED, LO)			Died
Cornell Collar:	Mud nails			Unknown
Flapping Halter:	Jer castles			
Bandages: Front	Blocked heels:			
Back	Socks:			
Other:	Bent shoes:			
Unknown	Fel / Rim Feds:			
	Ice Shoe:			
	Spoke plate:			
	1/2 crack patch:			
	Unshod:			
	Hood wall reconstruction:			
	Unknown:			
	Other:			

Limb	Category	Anatomic Region	Sex	Many Descriptors
A				
B				
C				
D				

Flipped in gate
injured LF mk

UPPER LIMB

Equine Injury Database - Racing Injury Form

LF 5000 H 0

Case No. _____ Date: **s.22** Race: **7**

Track: _____

Horse Name: _____ s.22

Age/Sex/Color (optional): _____

Breed: Thoroughbred ☒ Paint ☐ Quarter Horse ☐ Arabian ☐ Mule ☐

Reporting Veterinarian: _____

Attending Veterinarian: _____

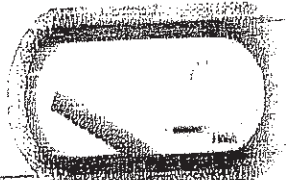
Pre Race:
Official Veterinarian Scratch At:
Paddock / Post Parade / Gate

Wound/dress / Injury / Other: _____

Post race: Past wire / Returning
After unsaddling
Detention Barn

Other: _____

Yes No
Jockey _____
Other _____
Horse Fell _____ Fell Off _____
After Fall: _____ Kicked _____
Other _____



Stretch: _____
Foot: _____ XX Gal X Induct

One Turn	Two Turns	No Turns	Contact with rail / gate / vehicle	1st	NONE	NONE
440 yds	0 f	220 yds	Contact w/ other horse	Jockey	Ambulance	Accompany
660 yds	0 1/2 f	250 yds	Ducked	Can loose	Kimzey solid	Butomnag
770 yds	7 f	300 yds	Stumbled	Bowed	Compression box	Deomidin
870 yds	7 1/2 f	330 yds	Equipment failure	Fell	Robert Jones box	Xylazine
1000 yds	Mile	350 yds	Flipped	Impeded	Ext. stabilization	Fred. Socks
< 5 f	1 mile 70 yds	400 yds	Capped heel	Checked	Other _____	Successor
5 f	1 mile 1/10	450 yds	Collapsed	Bothered	Sling	NSAID
5 1/2 f	1 mile 1/5	550 yds	Failed to maintain course		Recess Steel	Other _____
6 f	1 mile 3/10	660 yds	Picked Up	Lost ride		
6 1/2 f	1 mile 1/2		Lost Shoe(s)			
7 f	1 mile 3/5					
7 1/2 f						
Mile						
> Mile						

Blinkers	Plain/Queens Plate	FR	HD	Non-fatality
Scoop Blinkers	OXT			Fatality
Bit Burt	Ran shoe			Euthanized
Fung Bit	Too grab			Date: _____
Run out Bit	(OH, HI, MED, LO)			Died
Comell Collar	Mud nails			Unknown
Flipping Haler	Jar caulk			
Bandages: Front	Blocked heels			
Other: _____	Socks			
Unknown	Bit shoes			
	Full / Full Head			
	Bit Shoe			
	Solder plate			
	1/2 crack patch			
	Unshod			
	Hoot wall reconstruction			
	Unknown			
	Over			

Limb	Category	Anatomic Reason	Se	Injury Location
A	1	A	1	
B	2	B	2	
C	3	C	3	
D	4	D	4	

lane on par LF unk

Equine Injury Database - Racing Injury Form

EQ # 5000

Case No. _____
 Track: _____ Cat: s.22 Race: 9
 Horse Name: _____
 Age/Sex/Color (optional): _____ Breed: Thoroughbred Paint Quarter Horse Arabian
 Reporting Veterinarian: _____ Attending Veterinarian: _____

Pro race: _____
 Official Veterinarian Scratch Aff: _____
 Paddock / Post Parade / Gate: _____
 Soundness / Injury / Other: _____
 Post race: Post wire / Returning _____
 After unsaddling _____
 Detention Barn _____
 Other: _____

Resident: _____
 Unknown: _____
 Jockey: _____
 Other: _____
 Horse Fell: _____
 After Fall: _____
 Other: _____

Stretch: _____
 Pole: _____ XX Gate X Incline

One Turn: 440 yds	Two Turn: 81	Three Turn: 220 yds	Contact with rail / gate / vehicle: _____	NO	NONE	NONE
660 yds	6 1/2	250 yds	Contact w/ other horse: _____	NO	Ambulance	Accompany
770 yds	7 1/2	300 yds	Ducked: _____	Jockey: _____	Kinzev spine	Autograph
870 yds	7 3/4	330 yds	Stumbled: _____	Not claim	Compression band	Detomidine
1000 yds	Mile	350 yds	Equipment Failure: _____	Fell	Robert Jones Box	Xanax
< 5 f	1 mile 70 yds	400 yds	Fipped: _____	Imbedded	Ext. stabilization	Prep. Soaks
5 f	1 mile 1/16	450 yds	Cipped heel: _____	Checked	Other: _____	Succimer
5 1/2 f	1 mile 1/8	550 yds	Collapsed: _____	Bothered	Sling	NSAID
6 f	1 mile 3/16	660 yds	Failed to maintain course: _____	Other: _____	Rescue Steth	Other: _____
6 1/2 f	1 mile 1/4		Poked Up: _____	Lost ride: _____	Other: _____	
7 f	1 mile 5/16		Lost Shoe(s): _____			
7 1/2 f						
Mile						
> Mile						

Blinkers	Plain/Queens Plate	FR	HD	Non-fatality
Scoop Blinkers	QXT	_____	_____	Fatality
Bit Bunt	Rim shoe	_____	_____	Euthanized
Rung Bit	Ice grab	_____	_____	Date: _____
Run out Bit	(QH, H, MED, LO)	_____	_____	Died
Cornell Collar	Mud nails	_____	_____	Unknown
Flapping Halter	Jar cables	_____	_____	
Bandages: Front: _____	Blocked heels	_____	_____	
Other: _____	Shocks	_____	_____	
Unknown	Bit shoes	_____	_____	
	Fid / Fim Fads	_____	_____	
	Bit Shoe	_____	_____	
	Solder plate	_____	_____	
	1/2 crack patch	_____	_____	
	Unshed	_____	_____	
	Hoot wall reconstruction	_____	_____	
	Unknown	_____	_____	
	Other: _____			

	Limb	Category	Anterior/Posterior	Side	Injury Description
A					
B					
C					
D					

tried up on parade
 BR.
 Jockey reg

Updated 7/1/06

~~ED~~ ~~gou~~ ~~to~~

flipped in gate
out

EX 75 GOURD



NONE	NONE
Ambulance	Acetromazine
Kinzev soline	Butiranat
Compression bot	Detomidine
Robert Jones Bay	Xylazine
Ext. stabilization	Pred. Soliman
Diner _____	Succinate
Sling	NSAID
Rescue Steth	Owner _____
Diner _____	

Non-fatality	
Fatality	
Eunanzed	
Date	_____
Died	
Unknown	

Flipped in parking.

TRAINER: _____

s.22

OFF
OCT 5/12
M.F.M.

Please be advised that the horse,
Veterinarian's List at Hastings Racecourse.

s.22

_____, has been placed on the

The requirements necessary to be removed are one of the following:

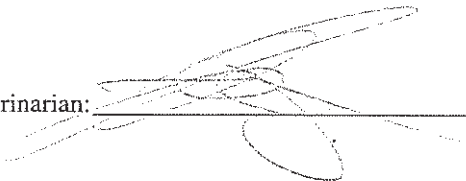
- ☐ Removed by Official Commission Vet.
- ☐ Removed by Official Commission Vet or A.M. Vet.
- ☒ Removed by Practicing Veterinarian (after 3 clear days)

Please notify the Racing Division Veterinarian on duty when you wish to have the horse reassessed.

Date: _____

s.22

Veterinarian: _____



TRAINER: _____

s.22

Please be advised that the horse, _____, has been placed on the
Veterinarian's List at Hastings Racecourse.

s.22

The requirements necessary to be removed are one of the following:

- ☒ Removed by Official Commission Vet.
- ☐ Removed by Official Commission Vet or A.M. Vet.
- ☐ Removed by Practicing Veterinarian (after 3 clear days)

Please notify the Racing Division Veterinarian on duty when you wish to have the horse
reassessed.

Date: _____

s.22

Veterinarian: _____

TRAINER: _

s.22

Please be advised that the horse, _
Veterinarian's List at Hastings Racecourse.

s.22

, has been placed on the

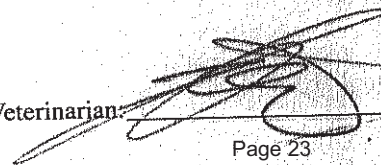
The requirements necessary to be removed are one of the following:

- ☒ Removed by Official Commission Vet.
- ☐ Removed by Official Commission Vet or A.M. Vet.
- ☐ Removed by Practicing Veterinarian (after 3 clear days)

Please notify the Racing Division Veterinarian on duty when you wish to have the horse reassessed.

Date: _

s.22

Veterinarian: 

TRAINEE

s.22

s.22

Please be advised that the horse, _____, has been placed on the
Veterinarian's List at Hastings Racecourse.

The requirements necessary to be removed are one of the following:

- ☐ Removed by Official Commission Vet.
- ☐ Removed by Official Commission Vet or A.M. Vet.
- ☒ Removed by Practicing Veterinarian (after 3 clear days)

Please notify the Racing Division Veterinarian on duty when you wish to have the horse
reassessed.

s.22

Veterinarian: _____

[Signature]

off
9-19-12

TRAINER: _____

off
9-19-12

Please be advised that the horse, _____, has been placed on the
Veterinarian's List at Hastings Racecourse.

The requirements necessary to be removed are one of the following:

- ☐ Removed by Official Commission Vet.
- ☐ Removed by Official Commission Vet or A.M. Vet.
- ☒ Removed by Practicing Veterinarian (after 3 clear days)

Please notify the Racing Division Veterinarian on duty when you wish to have the horse
reassessed.

Date: _____

Veterinarian: _____

TRAINER: _____

s.22

Please be advised that the horse,
Veterinarian's List at Hastings Racecourse.

s.22

_____, has been placed on the

The requirements necessary to be removed are one of the following:

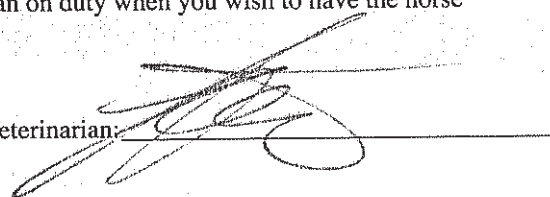
- ☐ Removed by Official Commission Vet.
- ☐ Removed by Official Commission Vet or A.M. Vet.
- ☒ Removed by Practicing Veterinarian (after 3 clear days)

Please notify the Racing Division Veterinarian on duty when you wish to have the horse reassessed.

Date: _____

s.22

Veterinarian: _____



TRAINER: _____

s.22

Please be advised that the horse, _____, has been placed on the
Veterinarian's List at Hastings Racecourse.

s.22

The requirements necessary to be removed are one of the following:

- ☐ Removed by Official Commission Vet.
- ☐ Removed by Official Commission Vet or A.M. Vet.
- ☒ Removed by Practicing Veterinarian (after 3 clear days)

GAM
Sick
Temp

Please notify the Racing Division Veterinarian on duty when you wish to have the horse
reassessed.

Date: _____

s.22

Veterinarian: _____

[Signature]

TRAINER: _____

s.22

Please be advised that the horse,
Veterinarian's List at Hastings Racecourse.

s.22

_____, has been placed on the

The requirements necessary to be removed are one of the following:

- ☐ Removed by Official Commission Vet.
- ☐ Removed by Official Commission Vet or A.M. Vet.
- ☐ Removed by Practicing Veterinarian (after 3 clear days)

GAM

Colic

Please notify the Racing Division Veterinarian on duty when you wish to have the horse reassessed.

Date: _____

s.22

Veterinarian: _____

S. Beaupre