



150-Day Layoff Report

Colonial Downs

Trainers must complete this form for any horse that has not raced for 150 days or more. The form shall be submitted to Equine Medical Director Dr. Ada Caruthers, ada.caruthers@vrc.virginia.gov, prior to entry. The form shall be submitted a minimum of 30 days before entry, and is valid for 60 days from the date of submission.

Horse Name/Tattoo or Microchip #: _____ Today's Date: _____

Date/Track of Last Race: _____ Planned Date/Track of Entry: _____

Owner: _____ Phone/Email: _____

Trainer: _____ Phone/Email: _____

Primary Veterinarian: _____ Phone/Email: _____

Reason for layoff: _____

How long has this horse been in your care? _____

(If less than 30 days) Previous Trainer: _____ Phone/Email: _____

Was surgery performed on this horse during the layoff? **Yes** **No**

If yes, provide the date, type of surgery and veterinarian:

Surgery Discharge Documents: **Attached** **Not Attached**

Has this horse ever been treated with bisphosphonates (e.g., Tildren, Osphos)? **Yes** **No**

Is the horse on any medication, including trainer or veterinary administrations? **Yes** **No**

List all current medications/treatments and applicable diagnosis:

Has the horse been treated with shockwave therapy since its last race? **Yes** **No**

If yes, provide the veterinarian, dates and the area of the horse's body treated for all treatments:

Diagnostic tests (radiographs, scans, bloodwork etc.) performed since last race. Provide veterinarian, dates, details and results: _____

Intra-articular joint injections performed since last race. Provide veterinarian, dates and details (body part and medication): _____

To the best of my knowledge, the information provided is accurate and up to date.

Signature _____

Submitted by (print name/title/date) _____

For Official Use Only:

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|---|-----|----|-------------|
| • Additional Layoffs of 60 or More Days | Yes | No | |
| • Surgery Discharge Documents | Yes | No | NA |
| • Diagnostic Reports | Yes | No | NA |
| • Intra-articular and Joint Injection Reports | Yes | No | NA |
| • Anabolic Steroid Treatment | Yes | No | NA |
| • Additional Medical History Since Report | Yes | No | |
| • Workout History | Yes | No | |
| • Past Performance History | Yes | No | |
| • Exam History from InCompass | Yes | No | |
| • Examination Required | Yes | No | |
| • Observed Workout/Blood Test Required | Yes | No | |
| • Approved for Entry | Yes | No | Date: _____ |

Approved by (Print/Signature): _____