



COMMONWEALTH of VIRGINIA

Virginia Racing Commission

5707 Huntsman Road, Suite 201 - B

Richmond, Virginia 23250

(804) 966-7400

REQUEST TO ADD HORSE TO THE FUROSEMIDE LIST

Name of Horse _____ Tattoo _____

Trainer _____ Date _____

I hereby certify that the owner or registered agent of this horse has placed the horse under my care and supervision as a licensed trainer. Furthermore, I have determined in outright consultation with a licensed veterinarian that it is in this horse's best interest to race on the medication furosemide, in accordance with the Regulations Pertaining to Horse Racing in the Commonwealth of Virginia.

Signature (trainer) _____

As a practicing veterinarian with a bona-fide doctor/patient relationship with this horse, I hereby declare that to the best of my knowledge it is in this horse's best interest to race on the medication furosemide, in accordance with the Regulations Pertaining to Horse Racing in the Commonwealth of Virginia.

Signature (veterinarian) _____

This horse is herewith placed on the official Furosemide List, _____ (date).

Signature (steward) _____