

NYS Gaming Commission  
Veterinary Record Form VR1a  
*(Optional)*

VET: JAMES C. HUET

Trainer/Client: McPECK

Horse: FRAC DADDY

Tattoo: \_\_\_\_\_

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
6/6/13	5:50pm		PRE-RACE Rx	IV BUTE

Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

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 (Optional)

VET: Kristian Rhein

Trainer/Client: Albertrani

Horse: Freedom Child Tattoo: \_\_\_\_\_

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
6/5	12:00pm	KSR	<sup>5cc 10cc 10cc</sup> (Calo, B <sub>12</sub> , Vit. C)	IV
↓	↓	↓	Vit. jugw / Electrolytes (500ml) ECP (5cc)	IM
6/6	3:00pm	48hr PR	Phenylbutazone	IV
6/7	3:00pm	24hr PR	Flunixin	IV

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VET: JAMES C. HUNT

Trainer/Client: PLETCHER

Horse: OVERANALYZE Tattoo: \_\_\_\_\_

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
6/6/13	9:45 am		PRE-RACE RX	IV BUTE
6/7/13	9:45 am		PRE-RACE RX	IV BANAMINE

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VET: DR. SARA LANGSAM

Trainer/Client: ANTHONY DUTROW

Horse: GIANT FINISH Tattoo: N01249

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
		NO TREATMENTS SCHEDULED AT THIS TIME		

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VET: JAMES C. HUNT

Trainer/Client: McGaughey

Horse: ORIS Tattoo: \_\_\_\_\_

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
6/6/13			NONE	
6/7/13			NONE	

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VET: Dr. O'Brien (Dr. Nordberg to fill in Thurs. 6/6)

Trainer/Client: Kieran McLaughlin

Horse: N16165 Tattoo: Incognito

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
6/6/13	~6:00PM	48 hour pre-race	bute IV adequan IM	
		E	legend IV thelium IM	
6/7/13	~6:00PM	24 hour pre-race	banamine IV vit juce (Normal saline, vit C, vit B <sub>12</sub> , vit B <sub>1</sub> , calcium) IV	

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VET: JAMES C. HUNT

Trainer/Client: LUKAS

Horse: OXBOW Tattoo: \_\_\_\_\_

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
6/6/13	10:00 am		PRE-RACE RX	IV BUTE
6/7/13	10:09 am		PRE-RACE RX	IV BANAMINE

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(Optional)

VET: JAMES C HUNT

Trainer/Client: PLETCHER

Horse: MIDNIGHT TABOO Tattoo: \_\_\_\_\_

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
6/6/13	9:45 am		PRE-RACE R <sub>X</sub>	IV BUTE
6/7/13	9:15 am		PRE-RACE R <sub>X</sub>	IV BANAMINE

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