

The Metropolitan (Gr1)









# NYS Gaming Commission

## Veterinary Record Form VR1a

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

VET: MICHAEL J. GETHVIN, DVM

Trainer/Client: ERIC GUILLOT

Horse: MARSEN



One Broadway Center, P.O. Box 7500  
 Schenectady, NY 12301 7500  
 (518) 388-3400 (Phone) (518) 388-3403 (Fax)  
 www.gaming.ny.gov

Date:	Time:	Diagnosis:	Treatment: Drug Administered, Dose, & Route of Administration
6/5/14	18:30 AM	FLUID THERAPY - ANALGESIC THERAPY -	4 LITERS LACTATED RINGERS IV 2 gm BUTORV, w SHAMS

*M. J. Gethvin*













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NET: MICHAEL J. SHVIN, DVM

Trainer/Client: R. NODORO

Horse: BROADWAY EXPRESS



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 Schenectady, NY 12301 7500  
 (518) 388-3400 (Phone) (518) 388-3403 (Fax)  
[www.gaming.ny.gov](http://www.gaming.ny.gov)

Date:	Time:	Diagnosis:	Treatment: Drug Administered, Dose, & Route of Administration
6/5/14	9:30AM	① ASBKSION (2) 1000mg 13AM	TETRAKAYMENTS - 4000mg IV 13 AM

*(Handwritten signature)*



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/ET: Dr Hausere  
 Trainer/Client: Alberttrani  
 Horse: Romanish



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Date:	Time:	Diagnosis:	Treatment: Drug Administered, Dose, & Route of Administration
6/5/14	3:00PM	Infirm.	Bute 2g IV