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**Gaming  
Commission**

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500  
[www.gaming.ny.gov](http://www.gaming.ny.gov)

VEET: Thomas P.S. Oliver DVM

TRAINER/CLIENT: ALE SWANSTEDT

HORSE: Plunge Beauty PRG/PR

Veterinary Record Form VR1a  
Use is recommended to assure compliance with  
Section 4012.4 and 4120.9 of NYCRR 9E  
9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE &amp; ROUTE OF ADMINISTRATION</u>
9/20/18	8:00am	GASTRIC ULCER	GASTROGARD - 1 TABLET ORAL ONCE PER DAY 2:00pm
9/20/18	12:00pm	DENTYVATION	1/3 LITERS OF ELECTROLYTE SOLUTION 1000cc/each

Thomas P.S. Oliver DVM  
DR-915-0700

VET: Thomas P.S. Oliver DVM

TRAINER/CLIENT: Ale Substef

HORSE: CIAO DORE R6/P3



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Section 4012.4 and 4120.9 of NYCRR 9E  
9/1/15

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/20/18	12:45	DEHYDRATION	1/3 LITERS OF ELECTROLYTE SOLUTION 1000 cc/each

*Thomas P.S. Oliver DVM*



**NEW YORK**  
STATE OF  
OPPORTUNITY.

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Commission**

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VET: *Thomas P.S. O'Neil DVM*

TRAINER/CLIENT: *Alex SIVANSTEADT*

HORSE: *Lucky AYA R6/P4*

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9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE &amp; ROUTE OF ADMINISTRATION</u>
<i>9/20/18</i>	<i>1:00</i>	<i>DEHYDRATION</i>	<i>1/3 LITERS OF ELECTROLYTE SOLUTION 1000cc/each</i>

*Thomas P.S. O'Neil DVM*





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**VET:** Thomas P. S. Overlin DVM

**TRAINER/CLIENT:** Alle Summers

**HORSE:** Fury Road RG/P6

Veterinary Record Form VR1a

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Section 4012.4 and 4120.9 of NYCRR 9E  
9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE &amp; ROUTE OF ADMINISTRATION</u>
9/20/18	12:40	DEHYDRATION	IV 3 LITERS OF ELECTROLYTE SOLUTION 1000cc/each

Thomas P. S. Overlin DVM



# Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500  
[www.gaming.ny.gov](http://www.gaming.ny.gov)

VET: Megan Kemp

TRAINER/CLIENT: Toscano

HORSE: Tribute to Seven R617

Veterinary Record Form VR1a

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

9/1/15

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/19/18	7:30a	gastric ulcers, SUPPES	1/2 tube gastogard oral, Riquimate oral
9/20/18	7:30a	gastric ulcers, SUPPES	1/2 tube gastogard oral, 10cc Riquimate oral
9/21/18			No treatments

*M. Kemp*

VET: Megan Kemp

TRAINER/CLIENT: Toscans

HORSE: Repentance R6/P8



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Veterinary Record Form VR1a  
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Section 4012.4 and 4120.9 of NYCRR 9E

9/1/15

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DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/19/15			No Treatments
9/22/15			No Treatments
9/21/15	9:15a	Mild Dehydration	3L lactated ringers IV

*M. Kemp*