

VET:

Keith Bogatch

Trainer/Client:

Y Sunada

Horse:

Master Fencer

Tattoo:

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
6/5/19			No Treatments	KB

VET:

Keith Bossch

NYS Gaming Commission
Veterinary Record Form VR1a
(Optional)



Trainer/Client:

Sandy Corgan

Horse: *Tex*

Tattoo:

Date:	Time:	Diagnosis:	Treatment:	Drugs Administered/ Route of Administration
<i>6/5/19</i>			<i>No Treatments</i>	<i>(KB)</i>

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

VET: James Hunt

TRAINER/CLIENT: RUTHERN

HORSE: SPINOFF



New York Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

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

ALL ENTRIES MUST BE COMPLETE AND LEGIBLE
INCOMPLETE/ILLEGIBLE RECORDS WILL NOT BE ACCEPTED

6/22/16

<u>DATE</u>	<u>*TIME*</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
6/5/16		No Treatment	

VET: Nassibek



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

TRAINER/CLIENT: Chris

HORSE: Sir Winstan

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ALL ENTRIES MUST BE COMPLETE AND LEGIBLE
 INCOMPLETE/ILLEGIBLE RECORDS WILL NOT BE ACCEPTED

6/22/16

DATE	*TIME*	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
6/5/19	12:00	No treatment	<i>[Signature]</i>

