



**Gaming
Commission**

The Travers Stakes (G1) Veterinary Treatment Records August 25, 2022

VET: Oke

TRAINER/CLIENT: COX

HORSE: CYBER KWIFE #1



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

DATE	*TIME*	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
8/25/12	11:15 AM	auti-inflammatory prophylaxis ↓ joint prophylaxis ↓ EIPH prophylaxis	- phenylbutazone (10cc-IV) - aceprom (5cc-IM) - Legend (5cc-IV) - DMSO (30cc-IV)
↓	↓		TRAQ

VET: Bill Yabrash

TRAINER/CIENT: Kelly Van Hemec

HORSE: AUT LIFE BRAND #3

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
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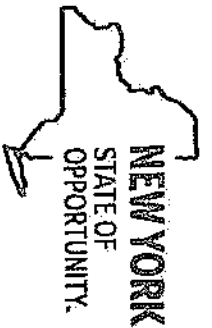
DATE	*TIME*	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
8/25/12	11:50	FRANMATION	BUTS - 2gms IV
		AUTS - EPISTAXIS	DMSO - 30cc in fluids
		AERUCIS	Adequan

Dr. [Signature]

VET:

Peter Hannigan

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NEW YORK
STATE OF
OPPORTUNITY

**Gaming
Commission**

TRAINER/CLIENT:

HORSE:

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Veterinary Record Form VRTa

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
8/25/2022	11am	Wld inflammation	DMSO : 60cc in 500cc NaCl

06/20/15



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Veterinarian: <u>B. CONERFORD</u>		Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client: <u>C. BROWN</u>		Facsimile: 518-388-3403 Email: info@gaming.ny.gov	
Horse: <u>ARTORINS #5</u>			

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
6/25/22	11:44 am	mild inflammation	2g Butc IV

All entries must be complete and legible. Incomplete or illegible records will not be accepted.



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NEW YORK STATE OF OPPORTUNITY Gaming Commission

VET: JAMES HUNT

TRAINER/CLIENT: ASMUSSEN

HORSE: EPICENTER #6

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Veterinary Record Form VR1a

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
8/25/22	10:05 am	Inflammation Prophyllaxis	NSAID 2qms bote IV
		Chondroprotection	adeganon see im
		Dehydration	Electrolytes per OS



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Veterinarian B. Connerford		Return form to:	Telephone: 518-388-3400
Trainer/Client C. Brown		N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse EARLY VOTING #7		Email: info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
08/29/11	11:40 am	mild inflammation	2g Butc IV

All entries must be complete and legible. Incomplete or illegible records will not be accepted. V1 09/01/20



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Veterinary Treatment Record Form VR1A

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Veterinarian Blomerford		Return form to:	Telephone: 518-388-3400
Trainer/Client Brown		N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse ZANDON #8			Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
8/25/20	11:41 am	mild inflammation	2g Butc IV

All entries must be complete and legible. Incomplete or illegible records will not be accepted.