



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

INSTRUCTIONS

This report is **only** to be completed by a licensed veterinarian. This report must be submitted to the Stewards one hour prior to the post time of race one.

THIS REPORT IS DUE TO THE STEWARDS ONE HOUR PRIOR TO POST TIME OF RACE 1

Name of Horse or Tattoo	Trainer	Generic or Trade Name Medication Administered	Amount/Route of Administration	Date and Time of Administration	Diagnosis

Table Values:

- EIPH = Exercise Induced Pulmonary Hemorrhage
- S = Sore
- UR = Upper Respiratory Problem
- PRT = Per Request of Trainer
- IV/IM/PO = Route of Administration

I, the undersigned, attest to the fact that all horses under my veterinary supervision which I medicated or treated within 48 hours of the day of the race are listed above and all medications represented are in truth and fact accurate and complete.

Name (print) _____

Signature _____

Date _____