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 form, please contact the Department of Business and Professional Regulation, Customer Contact Center, ***at 850.487.1395.***

Request to Discontinue Salix

The undersigned hereby elects to take the below named horse off the official Florida Furosemide List. We understand that once a horse is removed from the list, the horse may not be placed back on without substantial justification and will require the approval of the Attending Veterinarian and the Trainer.

Horse: _____ _____
Name Tattoo

This form must be submitted to the State Salix Coordinator no later than 48 hours prior to entering the horse to race without Salix (furosemide).

_____ _____
Attending Veterinarian (Signature) Attending Veterinarian (print)

_____ _____
Trainer (Signature) Trainer (print)

_____
Date