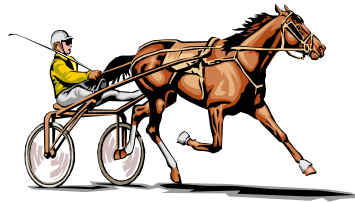


# 2019 Massachusetts Gaming Commission



## Trainer's Reference Manual

This manual provides owners, trainers, and others an overview of the rules and procedures that apply to the medication and health of horses at Massachusetts racetracks. Policies and procedures are explained in detail. More importantly, the explanations give horsemen background knowledge on why many rules or procedures are required. The system under which we operate was designed to protect the racing industry and all of its participants. Please read through this manual and use it as a reference. Please be aware that this manual serves as a guide only and that the official rules are set forth in regulations 205 CMR 3.00 – 10.06.

### **Massachusetts Gaming Commission** **Veterinary Department**

Plainridge Park  
301 Washington Street  
Plainville, MA 02762

### **Chief Commission Veterinarian**

Alex Lightbown, DVM  
617-979-8436

### **Official Veterinarians**

Rise' Sheehan, DVM  
Kevin Lightbown, DVM  
508-576-4583

### **Racing Veterinarians**

Jeremy Murdoch, DVM  
508-576-4580



Horses first. That's how our Racing Division staff is trained.

It sounds simple, but what starts as a simple premise goes to the core of our industry. Happy, healthy horses perform to the best of their ability. They run truer to form for our pari-mutuel customers, they maximize return on investment for their breeders and owners, they help create a safer training and racing environment for those who work around them, and they retire from the racetrack to productive second careers.

Ensuring the happiness and healthiness of our equine athletes is a big job, and it's where our knowledge about welfare and science intersects. The Racing Division's veterinary program is among the most comprehensive in the country. We use science and regulation to help us document and maintain the healthiness of our racehorses, and we're not afraid to step in if intervention becomes necessary. But that's not enough.

Equine welfare, by definition, addresses psychological as well as physiological well-being. Psychological well-being is dependent largely on housing, nutrition, health care, environment, and handling. While the Racing Division is dedicated to ensuring the happiness of our racehorses, we must rely heavily on their caregivers for this task.

The Racing Division of the Massachusetts Gaming Commission is proud to partner with our hard-working, dedicated horsemen and women and our racetrack operators for another successful year of live racing in the commonwealth. We take very seriously our shared role as stewards of our industry, and we know you do, too. Together, we must hold each other accountable for putting the horse first in everything we do.

Because when we do right by the horse, all the rest follows.

**\*\*The Massachusetts Gaming Commission began using Industrial Laboratories as their drug testing laboratory in 2016. \*\***

**Please review the Controlled Therapeutic Medication Schedule at the end of this manual to avoid overages. ARCI should also be used at: [http://arci.com/wp-content/uploads/2019/01/2019\\_01\\_CTS\\_V4\\_1.pdf](http://arci.com/wp-content/uploads/2019/01/2019_01_CTS_V4_1.pdf).**

**New in 2017: As of June 9<sup>th</sup>, 2017, the new maximum dosage of Lasix is 500 mg in three year olds and up. Lasix is still not allowed in two year olds. Several regulations have been updated to reflect ARCI Model Rules: CMR 3.27 Veterinary Practices, CMR 3.28 Prohibited Practices, CMR 3.29 Medications and Prohibited Substances, CMR 3.30 Out of Competition Testing, and CMR 3.34 Environmental Contaminants and Substances of Human Use. They can be found here: <https://www.mass.gov/regulations/205-CMR-300-harness-horse-racing>.**

**Please note these important changes regarding the administration of therapeutic medications that went into effect in 2014**

In an effort to establish a uniform medication and drug testing program, which has been a long-time goal of horsemen, veterinarians and regulators, the Massachusetts Gaming Commission adopted regulations that will distinguish between those medications which have been recognized as appropriate for therapeutic use in the horse and those which have no business being in a horse on race day. There is a medication category called the ARCI Controlled Therapeutic Medication Schedule, which lists over 27 therapeutic medications that have been recognized as necessary in the routine treatment of illness or injury in the horse. Withdrawal time information, dosages, administration routes and uniform laboratory detection thresholds for these medications are provided to guide horsemen and veterinarians. **Please note some of these withdrawal times may vary from what you have been accustomed to in the past, and it is your responsibility to make adjustments as needed.** You are strongly encouraged to restrict your use of medications to those on the list. The list may be amended from time to time. The Version #4.1 Controlled Therapeutic Medication Schedule can be found at the end of this manual and at ARCI: [http://arci.com/wpcontent/uploads/2019/01/2019\\_01\\_CTS\\_V4\\_1.pdf](http://arci.com/wpcontent/uploads/2019/01/2019_01_CTS_V4_1.pdf) This program will assist horsemen who race in multiple jurisdictions, provide guidance for necessary treatments of horses, ensure a level playing field, and promote the health and safety of the human and equine athletes.

**Note to horsemen and horsewomen: Please be particularly aware of clenbuterol and IA corticosteroid withdrawal times, Furosemide administration protocol begun in 2015, cobalt testing, etc.**

All horses on grounds must have a current Equine Infectious Anemia (EIA or Coggins) certificate. If you are delinquent, please have your veterinarian correct this matter

immediately. No horse is eligible for entry if a current EIA certificate has not been turned into the Veterinarian's Office, is not current on the USTA website, is not on file in the Racing Office, or the certificate on file has expired. All horses coming through the stable gate for the first time are required to have an accurate and valid Certificate of Veterinary Inspection (CVI or Health Certificate) dated within 30 days of arrival. Please contact the Plainridge Racing Office for further information regarding Health Certificates.

**Horse attendants should be prepared to go to the Detention Barn whenever a horse is raced and be equipped with MGC license, halter, and lead rope. Horse attendants must remain in the Detention Barn until blood and urine have been obtained from their horse and they have signed for it.**

### **TRAINER'S RESPONSIBILITIES**

**Trainers are responsible for knowing the current medication rules under which racing is conducted in Massachusetts.** A copy of the complete rules of racing can be reviewed at the Massachusetts Gaming Commission Office or online at <https://www.mass.gov/regulations/205-CMR-300-harness-horse-racing>. This manual paraphrases rules that pertain to medications and horse health procedures. Questions on the materials contained in this manual should be addressed to Dr. Alex Lightbown, Chief Commission Veterinarian and Director of Racing or the Judges.

Trainers are responsible for knowing the medication status of each horse in their care and guarding them from harm. Trainers are also responsible for keeping all the necessary paperwork relating to the health and medication status of their horses complete and up to date.

Trainers are responsible for ensuring that no injectable substances, hypodermic needles, or syringes are in their possession, in the possession of their employees, or in automobiles/trailers/sleeping/storage/stabling areas owned by or assigned to that trainer or trainer's employees.

It is the trainer's responsibility to assure that all individuals working with or on his/her horses are licensed by the Massachusetts Gaming Commission (MGC). Unlicensed individuals are not allowed to work on the grounds of the racetrack.

### **BLEEDERS**

If you have a horse bleeding externally from the nose and desire documentation of that fact, it must be examined by Official MGC veterinarian or Racing Veterinarian and placed on the MGC bleeder list.

A horse that bleeds for the first time will be placed on the Veterinarian's List and is ineligible to race for 14 days following the observed bleeding. Longer periods of ineligibility result from subsequent bleeding incidents: 30 days for a second bleed, six months for a third bleed, and barred from racing for a fourth bleed. When counting days

a horse is ineligible to run, the day the horse bled externally is considered the first day of the time on the Veterinarian's List.

A permanent Bleeder List is also kept in the MGC Veterinarian's Office. Please note that the Bleeder List is not the same thing as the Furosemide List. The Bleeder List identifies horses that bled externally from the nose. If you want your horse to receive furosemide you must sign it up to be on the Furosemide List.

### **CLAIMED HORSES**

All claimed horses will be tested after the race; blood or blood and urine may be taken. The new owner/trainer may observe but must not have contact with the horse until after the test is taken. Once testing is complete, the horse will be turned over to the new owner/trainer. The new owner/trainer must have someone present to pick up the horse as soon as the test is completed. Failure to have someone present to pick up the horse may cause the new trainer to be cited by the Judges. The complete set of regulations addressing claimed horses appears at 205 CMR 3.23.

### **CANNOT ENTER OR START**

- Horse that is not in serviceably sound racing condition, including those horses that are on the Veterinarian's List
- Horse that has been trachea tubed
- Horse that has been nerved at or above the ankle
- Horse that has been nerved or had cryosurgery on a nerve
  - **EXCEPT** posterior digital nerve below the ankle
  - **EXCEPT** nerving one or both feet
- Horse that is blind or whose vision is impaired in both eyes

### **CORNELL COLLAR**

The use of the Cornell Collar is regulated in Massachusetts by house rule. If you have questions about the use contact the Racing Veterinarian.

### **DEATH OF A HORSE**

The death of a horse must be reported immediately by the trainer to the Chief Commission Veterinarian. MGC rules state that any horse dying on the grounds may be submitted with all body parts intact for a complete necropsy. Blood samples may be obtained for medication testing by the Commission Veterinarian or the facility

conducting the necropsy. Arrangements must be coordinated with the Chief Commission Veterinarian's Office, as paperwork needs to accompany the horse.

### **EQUINE INFECTIOUS ANEMIA (EIA)**

Plainridge Park requires horses racing in 2019 have a negative EIA test conducted within 2019. This test is commonly referred to as a "Coggins test". Horses **cannot** be shipped into Plainridge with EIA certificates pending nor can they be entered to race. Horses **cannot** start if their Coggins is not current.

### **EXAMINATION OF HORSES BY RACING VETERINARIAN**

On race days, pre-race exams will be conducted by the Racing Veterinarian while the horses are warming up on the track. You may be asked to bring the horse by the Racing Veterinarian for a more complete viewing. Should any problems be noted the horse will either be examined further or a recommendation made to the Judges to scratch the horse.

Other exams are sometimes necessary for the overall wellness of the racing program. Occasionally, a Racing Veterinarian will ask to check a horse that is not scheduled to race on that day. The most common reason for such an exam is to reassess a possible racing related injury. Differences of opinion may occur in individual cases, however, if the trainer and Racing Veterinarian work together these problems can be resolved.

### **FUROSEMIDE**

A horse is eligible to run on furosemide if the trainer and licensed veterinarian determine that it would be in the horse's best interest to do so. This means that horses no longer have to be a documented bleeder to run on furosemide. They do, however, have to be registered in the Furosemide Program **prior to entry**. The trainer or assistant trainer must fax, mail, or come into the MGC Commission office and sign the horse into the Furosemide Program.

The use of furosemide is **prohibited** in two year old horses.

Furosemide shall only be administered on association grounds and is the only authorized bleeder medication.

### **FUROSEMIDE ADMINISTRATION**

According to 205 CMR 3.29.6(b), furosemide shall be administered IV (intravenously) no less than four (4) hours prior to post time for the race for which the horse is entered by the veterinarian employed by the owner or trainer of the horse. The furosemide cannot be given IM or orally and must be administered in the RIGHT jugular vein. The administered furosemide must be at least 150 mg but cannot exceed 500 mg per dose administered.

Trainers are responsible for arranging furosemide administration with their private MGC licensed veterinarian and for having their horse available at the Furosemide administration stall at the appropriate time. Practicing veterinarians will be required to furnish the Chief Commission Veterinarian with several factory-sealed bottles of furosemide, syringes and needles. These will be labeled with the practicing veterinarian's name and will be locked and retained in the Furosemide office.

Official race day furosemide schedules are available in the Official Veterinarian's office. On race day, the MGC observer will bring the furosemide supplies to the furosemide administration stall and observe the practicing veterinarian drawing up the furosemide.

The MGC observer will confirm the identity of the horse by tattoo or freeze brand, the presence of the trainer or trainer's designee, and will observe the furosemide administration. The MGC observer will document the time, date and dose of the administration and have the trainer or his/her designee and the veterinarian sign the Lasix administration form. They will not restrain the horse or otherwise assist in furosemide administration. The horse handler, not the MGC observer, is responsible for showing the tattoo.

Veterinarians are responsible for providing transportation, if needed, for themselves and the MGC observer, and making room for the observer in their vehicle. The MGC observer has the Lasix administration paperwork that needs to be signed by the trainer or their designee and completed before they can rejoin the veterinarian in their vehicle.

Horses who do not come to the Lasix administration stall or who do not have a person to restrain them will not receive furosemide. Adequate time must be allotted to complete all furosemide administrations.

**New in 2015, still the policy:** Horses not receiving furosemide by four hours before post-time will be immediately reported to the Chief Commission Judge by the MGC observer. The horse may receive furosemide up to three hours 45 minutes before post-time (15 Minute window) and will be allowed to race. They will be considered late for furosemide administration and the Judges will fine the trainer \$100. If a trainer is late again, fines will progressively increase. If a trainer is repeatedly late, the Judges may ultimately scratch the horse. If a horse does not receive their furosemide by three hours 45 minutes before post-time, the MGC observer will also immediately report this to the Chief Commission Judge, and the horse will be scratched. On days when post times vary due to special events/ simulcasts etc., trainers should inform their employees that the furosemide treatment deadlines will be different.

After receiving furosemide the horse is required to remain in the proximity of the stall in the care and control of the trainer or trainer's designated representative.

Horses scheduled to race on furosemide must remain in their assigned stalls or in close proximity until leaving to warm-up. Unless it is a genuine medical emergency, no veterinarian may have contact with a horse after it has received furosemide. If a veterinarian is found in a stall of a horse already treated with furosemide the horse will be scratched. No stomach tubes, medical devices, infrared or laser devices, or other devices should be in the stall after the horse has received furosemide.

### **FUROSEMIDE LIST - REMOVAL FROM LIST**

To remove a horse from the Furosemide List, trainers must submit a written request form with the Official Veterinarian no later than the time of entry into a race for which the change is requested. Once a horse is removed from the Furosemide List, it will not be eligible to use furosemide for a period of 60 calendar days. If a horse is removed from the official furosemide list a second time in a 365 day period, it is not eligible to be put back on the list for a period of 90 calendar days.

### **GELDED HORSES**

The correct sex of a horse MUST be reported to the USTA. It is important for trainers to check that geldings and ridglings are correctly identified to the USTA. A colt that has been castrated since his last start should be reported to the Racing Office and Official Veterinarian before that horse is entered.

### **HEALTH CERTIFICATES**

A legible, correctly completed, and signed certificate of veterinary inspection (CVI or health certificate) issued by a veterinarian within 30 days of arrival must accompany each horse shipping onto the grounds for the first time. Please contact the Racing Office for further information.

The Massachusetts Division of Animal Health requires that each horse be well identified with complete information of Equine Infectious Anemia status recorded on the health certificate. Horses cannot ship in with Coggins "pending" on their health certificate.

### **INFECTIOUS DISEASES**

All horses entering the Plainridge Park stable gate must have a EHV-1 vaccination given in the calendar year 2019. West Nile Virus, Eastern and Western Encephalitis Virus, Influenza, Rabies, and Strangles vaccinations are also recommended.



Any horse in your care that has developed a potentially contagious illness (especially Herpes Virus or Strangles) should be reported immediately to your private veterinarian so other horses in the stable area are not exposed. Please be considerate and notify one of the Official or Racing Veterinarians about these cases. The Judges and Security Office will be notified of trainers failing to comply with this policy.

Trainers and/or the owner should report immediately to the Judges and Official Veterinarian any illness in horses that have been declared to race.

## MEDICATIONS

### ALLOWED MEDICATIONS

#### 1. Furosemide:

- Horses are allowed to race on furosemide without prior evidence of bleeding but must be entered into the furosemide program prior to entry time.
- According to 205 CMR 3.29.6(b) furosemide shall be administered IV (intravenously) by the commission licensed veterinarian employed by the owner or trainer of the horse. Furosemide will be administered in the RIGHT jugular vein.
- The administered furosemide must be at least 150 mg but cannot exceed 500 mg per dose administered and is administered no closer than 4 hours before post time.

#### 2. Nonsteroidal anti-inflammatory agents (NSAIDS)

- **One (and only one)** of the following three approved NSAIDS may be used by single intravenous (IV) injection; at least 24 hours before post time for Phenylbutazone and Ketoprofen, for flunixin at least 32 hours based on current research.
  - Phenylbutazone (bute): The maximum permissible limit of phenylbutazone (bute) is 2 mcg/mL of blood.
  - Flunixin: The maximum permissible limit of flunixin or metabolites is 20 ng/mL of blood.
  - Ketoprofen: The maximum permissible limit of ketoprofen or metabolites is 2 ng/mL blood.
- The use of all but one of the three approved NSAIDs must be discontinued at least 48 hours before the post time for the race in which the horse was entered.

#### 3. Controlled Therapeutic Medications

- Several medications including some corticosteroids, methocarbamol, and others have been added to the list of medications with a permitted level in post-race testing.
- Refer to the list at the end of this document for specific threshold levels, withdrawal times, suggested doses and routes of administration, and detection times.
- **Be WELL advised that these are ONLY suggested doses, routes of administration, and detection times.** Each horse is different in height, weight, and ability to excrete medications.
- The use of several medications at the same time often results in delayed clearance and increased blood levels so plan accordingly.

- **Horses that are dehydrated from lack of water prior to racing, furosemide, hot and humid weather, or other factors will not clear these medications as rapidly and reductions in dose or extending the time period is often needed.**
- **Clenbuterol:** Special care is recommended when prescribing this medication. Studies have been performed and serum levels determined on the trade name product only (Ventipulmin®), and compounded products are often at the source of medication overages. The window for withdrawal is 14 days.
- **Methocarbamol:** Care is advised with the oral administration of this medication, especially if multiple day dosing is utilized. The use of compounded products such as paste and powders may result in medication overages. In addition, horses receiving multiple medications may metabolize this drug much more slowly. While the recommended withdrawal time is 72 hours, numerous factors may extend this withdrawal time and it is ultimately the trainer's responsibility to comply with the medication thresholds. Also, take caution when using it in combination with drugs such as phenylbutazone as the time may be extended further due to the drugs' interactions.

## **OTHER MEDICATIONS**

### **Alkalinizing Agents**

- The use of agents that elevate a horse's TCO<sub>2</sub> or base excess above those that exist naturally in the horse is prohibited by 205 CMR 3.29(9).
- Collection of samples for testing is performed in the paddock before the horse is warmed up. The time to begin testing is determined based on the projected post-time for the race and the number of horses to be tested. Once the horses from a given race have been tested, the race will be marked "clear to warm up" on the board near the paddock exit to the track. Samples will be sent to the laboratory for testing.
- It is illegal in Massachusetts for anyone to treat entered horses with sodium bicarbonate by nasogastric tube within 24 hours of racing.

### **Anabolic Steroids**

- No Androgenic-anabolic steroids (AAS) shall be permitted in test samples collected from racing horses except for residues of the major metabolite of nandrolone, and naturally occurring substances boldenone and testosterone at concentrations less than the indicated thresholds. Concentrations of these AAS shall not exceed the following plasma or serum thresholds for unchanged (i.e. not conjugated) substance or urine threshold concentrations for total (i.e., free drug or metabolite and drug or metabolite liberated from its conjugates):

- **Boldenone:** 15 ng/ml of total boldenone in urine of male horses other than geldings, or 25 pg/ml of boldenone in plasma or serum of all horses regardless of sex;
- **Nandrolone:** 1ng/ml of total nandrolone in urine for fillies, mares and geldings, or 25 pg/ml of nandrolone in plasma or serum for geldings, fillies, and mares, or 45 ng/ml (as5 $\alpha$ -estrane-3 $\beta$ , 17 $\alpha$ -diol) in urine in male horses other than geldings.
- **Testosterone:**
  - (1) in geldings - 20 ng/ml total testosterone in urine, or 25 pg/ml of testosterone in plasma or serum;
  - (2) in fillies and mares - 55 ng/ml total testosterone in urine, or 25 pg/ml of testosterone in plasma or serum.

\*\*Please be advised that withdrawal times are very lengthy for anabolic steroids and it is ultimately the trainer's responsibility to comply with the medication thresholds.

## General Information

- **No medications other than furosemide may be administered to any horse within 24 hours of a race.** This prohibition includes the use of medications administered by inhalation therapy. Topical ointments, leg rubs and paints, and topically applied products may be used after entry, provided these substances do not contain any of the following: procaine penicillin, chloramphenicol, benzocaine, steroids, ethanol or other medications.
- PLEASE READ ALL LABELS CAREFULLY. Be especially alert to topical products containing ethanol or "alcohol" as these can readily be absorbed through the skin and result in a positive test.
- No drugs or medications are allowed in the Paddock or Test Barn.
- The finding of a drug in a horse's post-race test is a serious violation. Many drugs stay in a horse's system well over 48 hours. Trainers should remain well aware of the complete medical histories of their horses and drug detection times. When in doubt, trainers should consult with the Official Veterinarian.

## Testing Information

- Industrial Laboratory is the Massachusetts Gaming Commission 2019 contract laboratory.
- Three tubes of blood in addition to urine will be collected from each horse that goes to the detention barn. LC/MS/MS is the testing method used on blood. This methodology is very sensitive and specific and may be different from other

racetracks where you have been so please review the medication rules carefully and ask the Official Veterinarian if you have any questions.

### **MEDICAL/GATE SCRATCHES**

Requests to scratch a particular horse for medical reasons should be turned into the Judges. The Judges may request that the Racing Veterinarian check the horse's condition before the scratch becomes official. Trainers should follow up on a scratch request to make sure that the Judges have acted on it. Horses for which a veterinary scratch is being requested should not be medicated or removed from the grounds unless it is a veterinary emergency until the scratch has been approved by the Judges.

All horses scratched at the starting gate for any reason automatically go on the Veterinarian's List for a minimum of four days.

### **NERVED HORSES**

"Nerving" of a horse that is to race is limited to posterior digital nerves only. Horses that have been nerved must be registered with the Racing Secretary before entering into a race.

### **NON STEROIDAL ANTI-INFLAMMATORY AGENT INFORMATION**

(Phenylbutazone, Flunixin, or Ketoprofen)

#### **Prerace:**

- **IV phenylbutazone:** A single IV dose of phenylbutazone of 4 mg/kg administered to a healthy horse at least 24 hours prior to race time is the therapeutic dose, with the threshold level in post race serum not greater than 2 mcg/ml serum.<sup>1</sup> If you are concerned for any reason (dehydration, prior history of liver or kidney disease, etc.) then 30 hours (24 hours + 6 hours [one half life]) should be utilized. Horses with active liver or kidney disease may take even longer to clear phenylbutazone.
- **IV flunixin: Be very careful with your flunixin dosing.** The testing window is very narrow and overages can occur if you are not careful. Young horses, smaller horses, thin horses and fillies seem to be more susceptible and the dose must be carefully considered based on these factors. Remember that flunixin should be dosed on the weight of the animal and that a one size dose does not fit every horse.
- **IV ketoprofen:** No special notations.

---

<sup>1</sup> Again, it is ultimately the trainer's responsibility to comply with the medication thresholds and to know their horse and its ability to clear medications

- **Oral phenylbutazone:** The routine administration of 2 grams of oral phenylbutazone at 24 hours prior to a race is **not** recommended and may result in post race serum levels greater than 2 mcg/ml. In addition to the normal practices such as not leaving the feed tub overnight, etc. the dose administered should be lowered and the administration time lengthened.
- **Oral flunixin:** The use of oral flunixin is not recommended.
- **Oral ketoprofen:** The use of oral ketoprofen is not recommended.

#### **Daily feeding:**

- The daily feeding of phenylbutazone results in accumulation in the body, delayed excretion, and gradually increasing levels in the blood. If you are feeding phenylbutazone on a daily basis the best recommendation is to stop phenylbutazone at 48–72 hours and switch to ketoprofen or flunixin for prerace administration.
- If you are training on phenylbutazone and flunixin in combination prior to racing and plan to race on phenylbutazone, be advised that the withdrawal time for flunixin may be considerably longer than 48 hours especially in horses with liver disease or other undiagnosed systemic illnesses.

Even though guidelines are followed, overages may occur in certain circumstances or in certain horses. Careful consideration should be given to the use of these agents as an inadvertent violation may occur. Horses that are dehydrated, receiving multiple medications, or those with liver disease or other systemic illnesses may take considerably longer to clear them from their system.

### **POST-RACE TEST BARN PROCEDURES**

Selection of horses to be tested after a race will not necessarily be based on order of finish. Random testing sometimes occurs. Horse attendants should be prepared to go to the Test Barn whenever a horse is raced and be equipped with MGC license, halter, and lead rope. Horse attendants will have to remain in the Detention Barn until blood and urine have been obtained from their horse and they have signed for it. Horses selected for testing are to be taken directly to the Detention Barn. A minor injury (e.g. grabbed quarter) or lameness of a tagged horse will be evaluated by the Detention Barn Veterinarian (Official Veterinarian). At the discretion of the Official Veterinarian, horses with more serious problems will be treated by their private veterinarian.

1. Employees for the trainer are responsible for bathing and cooling out that horse. This includes claimed horses. Claimed horses remain with the original trainer until post-race testing is complete.
2. Body washes/rubs and leg ointments are **not** allowed in the Detention Barn.
3. No food or beverages, including alcoholic refreshments, may be consumed in the Detention Barn.
4. No smoking is allowed in the Detention Barn.

5. Horses that enter the Detention Barn must be accompanied by an attendant other than a driver who is scheduled to race in again in a short period of time.
6. Each horse will be assigned an individual water bucket. The horse should drink from this bucket only.
7. The Detention Barn provides wash water scrapers. Check with Dr. Alex Lightbown about sponges and shampoos.
8. All persons who enter the Detention Barn must display their I.D. badges and must have a legitimate purpose for being there. Unlicensed individuals will not be allowed in the Detention Barn.
9. Trainers will be held responsible for the condition and behavior of their employees.
10. Persons who are intoxicated or disorderly will be asked to leave or escorted out by security.
11. For safety reasons, children under 16 years of age will not be allowed in the Detention Barn.

### **POST RACE URINE/BLOOD SAMPLING**

Generally, three tubes of blood will be taken from each horse selected for sampling: two for testing and one for a split. Urine will also be collected. Horses may be kept a minimum of 1 hour to obtain urine. Urine samples obtained will be split, provided that sufficient quantity is obtained.

Samples and splits will be labeled and sealed in the presence of the trainer or trainer's designated witness. The trainer or the trainer's designated witness will be required to sign documentation confirming that they witnessed the obtaining, labeling and sealing of the sample.

### **QUALIFYING RACES**

Horses that are scratched by the Racing Veterinarian may be required to participate in a Qualifying Race before they can be removed from the Veterinarian's List. A Racing Veterinarian and/or an Official Veterinarian must be present for this race and observe the horse during the race and after it has cooled out. Blood or blood and urine may be taken at that time so do NOT medicate your horse after completing the race.

Horses participating in qualifying races do so under the same medication rules used for racing. This means that ALL medication rules are in effect. Be advised that routine random blood or blood and urine screening for medications will occur.

### **SHIP-INS**

The Judges may choose to test any horse shipping into the grounds on race day for evidence of milk shaking or other medication violations.

## **SPLIT SAMPLE TESTING**

If a horse tests over the allowed limit of a permitted medication or is positive for other medications, split samples can be sent for additional testing. Several laboratories have agreed to be split sample laboratories and have been approved by the Massachusetts Gaming Commission. The trainer may choose from the list PROVIDED the laboratory has the available equipment and technical expertise to identify the positive sample at qualitative and quantitative levels similar to the original drug testing laboratory and will accept the sample. If this is not the case, the Chief Commission Veterinarian will work to find an alternate lab or labs to perform the split sample.

The request for split sample testing must be made to the Judges in writing within 3 business days of notification of a violation. Once the decision is made to send a split sample the sample must be shipped within 48 hours.

Trainers are responsible for all costs associated with the shipping and testing of split samples. These costs, usually between \$750 and \$1200, must be paid in advance of split sample testing.

The owner or trainer or his/her designee **MUST** be present when the sample is removed from the split sample freezer/refrigerator. Failure to appear at the time and place designated by the Chief Commission Veterinarian voids the split sample request.

See the Chief Commission Veterinarian for more information.

## **TRACK ACCIDENTS**

Most horses pulling up badly on the racetrack or involved in an accident will be removed by the horse ambulance. Horses removed by ambulance from the track will generally be taken to a barn and blood samples taken. Catastrophic injuries and dead horses will go directly to the holding area.

## **VETERINARIAN'S LIST**

Horses are placed on the Veterinarian's List for a wide variety of reasons. These include the following: soreness or lameness before, during, or after a race; illness; sustaining an injury; bleeding during or after a race or qualifier; medication errors; expired or lack of a current EIA test certificate, etc.

**It is the trainer's responsibility** to know if a horse in their care is on the Veterinarian's List and to arrange to have the horse removed from the list. ANY horse scratched in the



paddock, during warm-ups, or on the track surface for any reason at the recommendation of the racing veterinarian will automatically be placed on the Veterinarian's List and **cannot** be removed for a minimum of four days

**Procedural Information:**

1. Horses will be ineligible to enter or start in a race while on the Veterinarian's List.
2. The minimum stay on the Veterinarian's List is an automatic five days. Day 1 is the day they are added to the list.
3. A current Veterinarian's List will be posted in the Racing Office.
4. There are three ways to get off the Veterinarian's List:
  - a. You are given an "off date" by the Racing or Official Veterinarian. If this is the case, you need to do nothing as your horse will automatically be removed on the "off date".
  - b. An Official Veterinarian and/or Racing Veterinarian needs to see and examine your horse (Points 5 and 7 below).
  - c. You will need a "workout" before the Racing and/or Official Veterinarian. This means you need to participate in a Qualifying Race in the presence of the Official Veterinarian (Points 6 and 7 below).
5. Depending on the circumstances, some horses will need a physical examination by a Racing or Official Veterinarian to be removed from the Veterinarian's List. If this is checked on your form, you will need to arrange this in advance. Do not leave it until 15 minutes before entry.
6. Sometimes a horse that is scratched during a warm up for a race will need a satisfactory Qualifying Race in the presence of the Racing or Official Veterinarian to be removed from the list. Horses participating in Qualifying Races to get off the list cannot do this until the morning of Day Six.
7. Blood and urine may be obtained from any horse needing to get off the Veterinarian's List. The horse may not be removed from the list until blood/urine results are returned.

## Controlled Therapeutic Mediations

**Single Dose** Unless Otherwise Noted, please refer to ARCI also: [http://arci.com/wp-content/uploads/2019/01/2019\\_01\\_CTS\\_V4\\_1.pdf](http://arci.com/wp-content/uploads/2019/01/2019_01_CTS_V4_1.pdf)

| Drug  | Dose  | Route                                    | Threshold                      | Withdrawal Guideline |
|---|---|--|--------------------------------|----------------------|
| Acepromazine  | 0.05 mg/kg  | IV                                       | 10 ng/mL (U)                   | 48 hours             |
| Albuterol   | 720 micrograms  | intra-nasal                              | 1ng/mL (U)                     | 72 hours             |
| Betamethasone   | 9 mg in one articular space   | IA                                       | 10 pg/mL (S)                   | 7 days               |
| Butorphanol   | 0.1mg/kg  | IV                                       | 300 ng/mL (U)<br>2 ng/mL (S)   | 48 hours<br>48 hours |
| Cetirizine  | 0.4 mg/kg BID for 5 doses, do not administer ivermectin within 48 hours of race if horse has been administered cetirizine |  | 6 ng/mL (S)                    | 48 hours             |
| Cimetidine  | 20 mg/kg BID for 7 doses  |  | 400 n/mL (S)                   | 24 hours             |
| Clenbuterol   | 0.8 mcg/kg BID  | Oral                                     | 140 pg/mL (U)<br>LOD (S)       | 14 days              |
| Dantrolene  | 500 mg  | Oral                                     | 100 pg/mL (S)                  | 48 hours             |
| Detomidine  | 5 mg  | IV (once)                                | 2 ng/mL(U)<br>1 ng/mL(S)       | 48 hours<br>48 hours |
| Dexamethasone (Na <sub>3</sub> PO <sub>4</sub> for IM/IV) | 0.05 mg/kg  | IV/IM/Oral                               | 5 pg/mL (S)                    | 72 hours             |
| *Diclofenac 1%  | 7.2 grams (5-inch ribbon)   | Topical                                  | 5 ng/mL (S)                    | 48 hours             |
| DMSO  | 60 mLs<br>2 oz.   | IV<br>topically<br>in occlusive dressing | 10 mcg/mL (S)<br>10 mcg/mL (S) | 48 hours<br>24 hours |
| Firocoxib (Equioxx®)                                      | <b>0.1 mg/kg x 4 days</b>   | Oral paste                               | 20 ng/mL (S)                   | 14 days              |

|   |                                 |            |                         |                      |
|---|---------------------------------|------------|-------------------------|----------------------|
| Flunixin  | 1.1 mg/kg                       | IV         | 20 ng/mL (S)            | 32 hours             |
| Flunixin antistacking threshold   |                                 |            | 3.0 ng/mL (S)           | >48 hours            |
| Furosemide  | 150-500 mg                      | IV         | 100 ng/mL               | 4 hours              |
| Glycopyrrolate  | 1 mg                            | IV         | 3.0 pg/mL (S)           | 48 hours             |
| Guaifenesin   | 2 grams BID<br>For 5 doses      |            | 12ng/mL (S)             | 48 hours             |
| Isoflupredone   | 10 mg                           | SQ         | 100 pg/mL (S)           | 7 days               |
|   | 20 mg                           | IA         | 100 pg/mL (S)           | 7 days               |
| Ketoprofen  | 2.2 mg/kg                       | IV         | 2 ng/mL (S)             | 24 hours             |
| Ketoprofen antistacking threshold   |                                 |            | 1ng/mL (S)              | 48 hours             |
| Lidocaine HCl   | 200 mg                          | SQ         | 20 pg/mL (S)            | 72 hours             |
| Mepivacaine   | 0.07 mg/kg                      | SQ         | 10 ng/mL (U)<br>LOD (S) | 72 hours<br>72 hours |
| Methocarbamol   | 15 mg/kg                        | IV         | 1 ng/mL (S)             | 72 hours*            |
|   | 5 grams                         | Oral       | 1 ng/mL (S)             | >72 hours*           |
| *When used with phenylbutazone, may be as long as 7 days  |                                 |            |                         |                      |
| Methylprednisolone  | 100mg<br>in one articular space | IA         | 100pg/mL (S)            | >21 days             |
| Omeprazole  | 2.2 grams SID<br>For 4 doses    | Oral paste | 10 ng/mL (U)            | 24 hours             |
| Phenylbutazone  | 4 mg/kg                         | IV         | 2 mcg/mL (S)            | 24 hours             |
| Phenylbutazone antistacking threshold<br>hours  |                                 |            | 0.3 mcg/mL (S)          | 48                   |
| Prednisolone  | 1 mg/kg                         | Oral       | 1 ng/mL (S)             | 48 hours             |
| Procaine Penicillin<br>(administration must be reported to Stewards and horse<br>must be submitted to 6 hour pre-race surveillance) |                                 | IM         | 25 ng/mL (S)            | prior to<br>entry    |
| Ranitidine  | 8mg/kg BID<br>For 7 doses       |            | 40 ng/mL (S)            | 24 hours             |
| Triamcinolone Acetonide   | 9 mg                            | IA         | 100 pg/mL (S)           | 7 days               |

in one articular space

|          |        |    |               |          |
|----------|--------|----|---------------|----------|
| Xylazine | 200 mg | IV | 200 pg/mL (S) | 48 hours |
|----------|--------|----|---------------|----------|

U = urine

S = serum

\*Horsemen's Warning from HBPA manual: Diclofenac, possibly due to its topical route of administration, has a long terminal half-life and is slowly eliminated. It may potentially be detected in urine for up to seven days or more.

**These results are presented as ONLY guidelines and each horse must be evaluated on an individual basis and adjustments made accordingly. Horses used in the administration studies exceeded 1,000 lbs, so when dosing a smaller horse, you should consider decreasing the total dose or increasing the time of dosing before racing.**