

MASSACHUSETTS GAMING COMMISSION VETERINARY DEPARTMENT

FUROSEMIDE PROGRAM REQUEST

I am requesting that the horse listed below be placed in the furosemide program effective this date. I understand that if I wish to remove this horse from the furosemide program, I must file the appropriate form with the Massachusetts Gaming Commission Veterinarian's Office before I can enter this horse into a race as "OFF FUROSEMIDE".

HORSE NAME:	
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DATE:	
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TRAINER:	
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YES-First Time

NO

Trainer or Assistant Trainer Signature: \_\_\_\_\_

Commission Veterinarian Signature: \_\_\_\_\_

THIS FORM MUST BE SIGNED AND SUBMITTED TO THE COMMISSION PRIOR TO ENTRY