Christine White
Racing Commissioner
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Office of Racing Commissioner
CERTIFICATION OF FUROSEMIDE ELIGIBILITY

Name of Horse Registration Number

Color Sex Age

Tattoo Breed

Licensed Veterinarian State Board License Number

Address City State Zip

Phone Number

Licensed Trainer

As the licensed trainer and licensed veterinarian of the above mentioned horse, it has been determined that it would be in the above horse's best interest to race with furosemide, we hereby request that the horse be placed on the Furosemide List.

A horse placed on the Furosemide List must remain on that list unless the licensed trainer and licensed veterinarian submit a written request to remove the horse from the list and that request is approved by the Commission veterinarian.

(Signature of Licensed Veterinarian) (Date)

(Signature of Licensed Trainer) (Date)

(Commission Veterinarian) (Date)