



Racing Commissioner
Office of Racing Commissioner
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www.michigan.gov/horseracing

Office of Racing Commissioner SULFADIAZINE /PYRIMETHAMINE ELIGIBILITY FORM

Date			
Horse Name			Tattoo No.
Color	Breed	Sex	Year Foaled
Trainer (Printed)		License No.	
Licensed Veterinarian (Printed)		MI Vet License No.	
Diagnosis Determined through			
<input type="checkbox"/> Positive cerebrospinal fluid test		<input type="checkbox"/> Positive blood serum test	

Test results are attached

Copy of the prescription is attached

By signing below, I certify that the above named horse was diagnosed with EPM, is being treated with sulfadiazine and pyrimethamine and the horse's EPM is in remission and under control and that the horse is otherwise racing sound and is fit to race.

Licensed Veterinarian (Signature)

Date