



Michigan Gaming Control Board
 Horse Racing Section
 3062 W. Grand Blvd., L-700
 Detroit, MI 48202
 Phone: (313) 456-4100
 Fax: (313) 456-2864
 www.michigan.gov/mgcb

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	
<input type="checkbox"/> Physical Exam			

- Attach test results if applicable**
- 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, the horse is otherwise racing sound and is fit to race.

Licensed Veterinarian (Signature)

Date