



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 Horse Racing Section
 P.O. Box 30773
 Lansing, MI 48909
 Phone: (313) 456-4100
 Fax: (517) 241-3018
 www.michigan.gov/mgcb

REGISTRATION OF SHOCK / RADIAL PULSE THERAPY EQUIPMENT

| | | | |
|--|--|-------------------------------|-----------------|
| Licensed Veterinarian (Printed) | | MI Vet License No. | |
| Address | | | |
| City | | State | Zip Code |
| Manufacturer of Equipment | | Model No. / Serial No. | |
| Date of Purchase | | | |

I certify that the equipment will be used in compliance with the Michigan Gaming Control Board, Office of the Executive Director, Horse Racing regulations.

Veterinarian (Signature)

Date

Veterinarian (Signature)

Date

Veterinarian (Signature)

Date

Veterinarian (Signature)

Date