



State of Michigan  
Michigan Gaming Control Board  
Office of the Executive Director  
Horse Racing Section  
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## SULFADIAZINE / PYRIMETHAMINE ELIGIBILITY FORM

<b>Date</b>			
<b>Horse Name</b>			<b>Tattoo No.</b>
<b>Color</b>	<b>Breed</b>	<b>Sex</b>	<b>Year Foaled</b>
<b>Trainer (Printed)</b>		<b>License No.</b>	
<b>Licensed Veterinarian (Printed)</b>		<b>MI Vet License No.</b>	
<b>Diagnosis Determined through</b>			
<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