

# Request to Work off Vet's List Form

Name of Horse: \_\_\_\_\_

Identification Number (Chip or Tattoo): \_\_\_\_\_

The above horse has been evaluated by Trainer: \_\_\_\_\_ and

Attending Veterinarian: \_\_\_\_\_ on \_\_\_\_\_ at

the jog and on physical exam, has been determined to be sound for work.

Trainer signature: \_\_\_\_\_

Attending Vet signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Below information to be filled out by Regulatory Veterinarian

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Date of Work: \_\_\_\_\_

Distance of Work: \_\_\_\_\_

Time of Work: \_\_\_\_\_

### Reason for Work:

4yo Non-Starter

Hasn't raced within 365 days

On the Vet's List \_\_\_\_\_

### Regulatory Veterinarian Evaluation:

Passed Physical Exam

Failed physical exam

Met time requirement

Failed time requirement

Blood Drawn: \_\_\_\_\_

Date extended to be removed from Vet's List: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date removed from Vet's List: \_\_\_\_\_

Regulatory Veterinarian: \_\_\_\_\_

**A WORK WILL NOT BE SCHEDULED UNLESS THIS FORM IS COMPLETED IN FULL TO  
THE SATISFACTION OF THE REGULATORY VETERINARIAN**