



COMMONWEALTH of VIRGINIA
Virginia Racing Commission

Request to Work off Vet's List Form
(Must be submitted a minimum of 48 hrs prior to work)

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

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

The above horse has been evaluated by Trainer (print) \_\_\_\_\_ and

Attending Veterinarian (print) \_\_\_\_\_ on (date) \_\_\_\_\_ 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

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 (date and reason)

Regulatory Veterinarian Evaluation:

- Passed Physical Exam
Met time requirement
Blood Drawn:
Failed physical exam
Failed time requirement

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

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

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

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

Revised 1/23/2025

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