

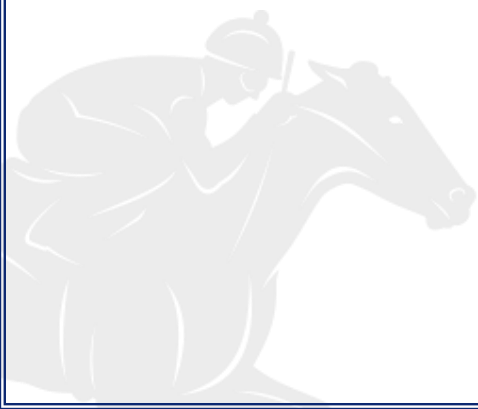
MID-ATLANTIC
STRATEGIC PLAN

TO REDUCE EQUINE FATALITIES

BEST PRACTICES

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BEST PRACTICE

EQUINE MEDICAL DIRECTOR

The Equine Medical Director is responsible for overseeing the development, implementation and enforcement of regulations and best practices that impact equine health and safety policies, serves as the primary advisor to the state regulatory agency, the racetracks and the horsemen on all matters related to equine health and safety, and provides guidance to all veterinarians practicing at the racetrack and licensed training facilities.

THE DUTIES OF AN EQUINE MEDICAL DIRECTOR INCLUDE:

Medication and Testing

- Maintain up-to-date knowledge of current medication and testing regulations, policies and issues;
- Recommend new and amended medication and testing regulations and policies;
- Monitor the test barn and chain-of-custody procedures;
- Monitor all contract laboratories to ensure maintenance of accreditation and proper analysis of samples;
- Review all reports of laboratory drug findings;
- Conduct periodic site visits to contract laboratories to evaluate quality of service being provided;
- Advise on the disposition of prohibited drug and therapeutic medication violations.

Veterinary Oversight

- Maintain up-to-date knowledge of current veterinary regulations, policies and procedures;
- Recommend new and amended veterinary regulations and policies;
- Provide guidance to practicing veterinarians on medication and safety issues;
- Oversee compliance with veterinary protocols, including reporting requirements, infectious disease control and quarantine procedures;
- Create and implement a crisis management plan for infectious disease control and coordinate the plan as necessary with other state agencies (e.g. Department of Agriculture);
- Provide administrative supervision and review of all regulatory veterinarians;
- Provide oversight of pre-race inspection protocols;
- Consult on licensing applications for veterinarians, veterinary technicians and assistants, equine therapists, etc;
- Liaise with the state Board for Veterinary Medicine on licensing and practice standards of licensed veterinarians.

Equine Safety

- Maintain up-to-date knowledge of current equine safety regulations, policies and procedures;
- Recommend new and amended equine safety regulations, policies and procedures;
- Oversee the health, welfare and physical condition of all horses on licensed properties;

EQUINE MEDICAL DIRECTOR

CONT.

Equine Safety, cont.

- Monitor the safety of racetrack surfaces and facilities and consult with track management on improvement and maintenance of safety standards;
- Monitor equine ambulance and staff;
- Coordinate investigation and data collection in the case of an equine welfare, safety or medication violation;
- Oversee the maintenance of the veterinarian's list;
- Oversee the equine injury incident reporting system and equine necropsy program;
- Coordinate mortality reviews and chair the Mortality Review Board;
- Coordinate racing related safety reviews of all track facilities.

Communication and Education

- Facilitate communication and collaboration between fellow equine medical directors, state regulatory agencies, track management and horsemen;
- Recommend and develop programs and research to enhance equine safety;
- Participate in domestic and international intelligence gathering and sharing on emerging threats in equine sport, particularly with respect to illicit practices and banned substances;
- Establish continuing education and risk management programs for practicing veterinarians and horsemen;
- Meet with practicing veterinarians and horsemen on medication regulations, proposed rule changes and general education;
- Serve as state representative to national racing health and safety organizations;
- Liaise with the media and general public.

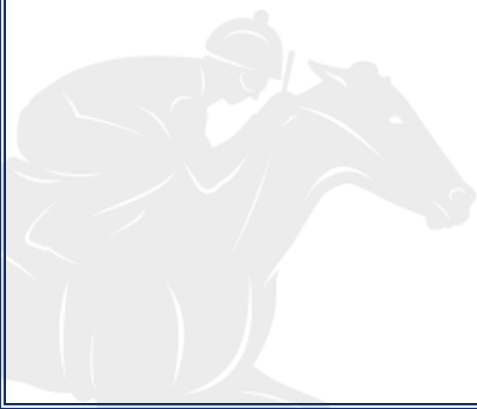
MID-ATLANTIC EQUINE MEDICAL DIRECTORS:

Dr. Ada Caruthers, Virginia

Dr. Elizabeth Daniel, Maryland

Dr. Francis Daniel, West Virginia

Dr. Scott Palmer, New York



BEST PRACTICE

SAFETY COMPLIANCE OFFICER

The Safety Compliance Officer (or Safety Steward) is responsible for ensuring that all activities and practices involving the training and racing of horses at the track meet required safety standards and regulatory guidelines.

THE DUTIES OF A SAFETY COMPLIANCE OFFICER:

- Monitor daily backside activities and practices in the barn area and on the racetrack for compliance with therapeutic and race-day medication regulations;
- Conduct pre-meet racetrack safety inspections with track maintenance personnel;
- Work with outriders to monitor compliance with racetrack rules during morning workouts;
- Monitor starting gate procedures;
- Monitor ambulance and medical personnel protocols for horses and riders;
- Report any observation of an unsound horse to regulatory and track veterinarians;
- Assist regulatory veterinarians with follow-up on horses barred from training or vanned off during training and racing;
- Conduct random inspections of safety equipment (helmets and vests);
- Review ship-in/ship-out lists and investigate horses that leave track for short periods of time;
- Conduct random checks of ship-in health papers (Coggins and health certificates) at the stable gate;
- Conduct random license checks on the backside;
- Conduct random barn inspections to monitor safety and regulatory compliance, including fire safety regulations;
- Conduct random inspections to protect against equine neglect;
- Conduct random inspections of veterinary vehicles to monitor regulatory and safety compliance;
- Advise stewards of all planned and random inspections;
- Work with security personnel to investigate allegations of inappropriate or illegal use of medications;
- Oversee the Horse Watch and Fire Watch details;
- Assist the state steward and/or chief regulatory veterinarian in conducting the Trainer Examination;
- Assist regulatory veterinarians with out-of-competition testing;
- Assist stewards during formal hearings;
- Serve as a member of Mortality Review Board;
- Serve as a point person for inquiries from racing licensees on rules questions;
- Make recommendations to the racetrack management and regulators to ensure the welfare of horses and riders, integrity of racing and compliance with horse racing laws and regulations.

BEST PRACTICE PRE-RACE INSPECTIONS

PURPOSE: To provide the veterinarians with uniform protocols for a comprehensive pre-race inspection of every horse.

GOAL: To ensure that every horse is thoroughly examined on race day.

PROCEDURE:

- A pre-race veterinary inspection shall be conducted on all horses entered to race on that race-day at a minimum of 1 hour prior to the published post time for the first race of that day.
- The veterinary inspection should be conducted at or near the stall to which the race day horse is assigned.
- Veterinarians will collect a copy of the barn and stall report, an overnight, the horse history (including but not limited to past racing performances, previous exam results, intra-articular joint injections, and history of regulatory veterinary interventions) and the risk factors for every horse to be inspected. The barn and stall report will include the name of the horse and trainer, race number, and barn and stall number.
- The trainer or their representative will have the race day horse ready for inspection, including the removal of all bandages, blankets, and muzzles, with the legs clean and free of substances such as poultices, sweats, or leg medications of any type. Note: The removal of foot coverings such as bell boots is not required provided they do not hinder the inspection and will be worn to prevent the horse from pulling a shoe during the trot/jog phase of the exam.
- The use of ice in any form directly prior to the pre-race examination is prohibited; including practices such as but not limited to ice baths, cold wraps, horse standing in ice, etc.
- If a horse has been treated with ice or does not have legs clean and free of substances, inform the trainer that the horse's exam must be postponed for at minimum 30 minutes.

PRE-RACE EXAM:

- Ascertain the ID of the horse (tattoo, microchip and/or or markings if no tattoo or microchip). The handler should flip the lip to show the tattoo. If a horse is found to have no tattoo, it is reported to the relevant authority prior to scratch time.
- Ascertain the sex of the horse; report changes to the relevant authority prior to scratch time.
- Perform an overall cursory inspection of the entire horse, assessing general appearance, behavior (alert, dull, etc.), posture, and body condition, and making notations about any scars, abrasions and healing lacerations or post-op surgical incisions. The veterinarian will inspect all body regions to minimally include, but not limited to: head, neck, thorax, abdomen, thoracic limbs (fore limbs) and pelvic limbs (hind limbs).
- Perform a brief stethoscope exam to assess for heart murmurs and irregular rhythms.
- Pay special attention is to be given to any potential eye problems. A recommendation to scratch the horse is made to the Stewards if a painful eye is found, with or without corneal scarring, corneal edema and/or perceived visual impairment. Corneal scarring, corneal edema and perceived visual impairment is noted. The horse must have unimpaired vision in at least one eye.

PRE-RACE INSPECTIONS

CONT.

PRE-RACE EXAM, CONT:

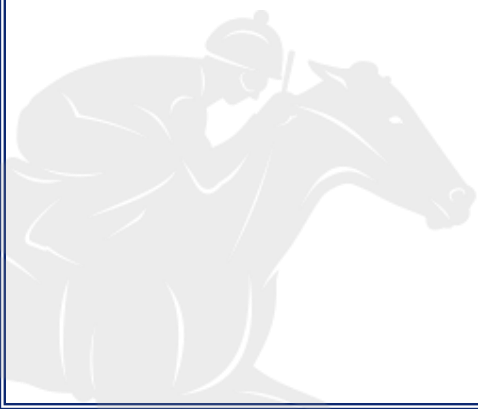
- Perform a meticulous digital palpation on both forelimbs to assess the following structures:
 - ◆ With each forelimb foot on the ground, palpate from proximal to distal each forelimb dorsally, assessing the carpus (knee), third metacarpal bone (cannon bone), metacarpophalangeal joint (fetlock), proximal phalanx (pastern) and the foot.
 - ◆ Continuing, with the foot on the ground, palpate from proximal to distal each forelimb, palmarly assessing the knee, superficial flexor tendon, deep flexor tendon, suspensory ligament, second and fourth metacarpal bones (splints), fetlock sesamoid bones, palmar pastern and heels of the foot.
 - ◆ Continuing, with each forelimb now raised off the ground and flexing the pastern, fetlock and knee; assess a pain response and range of motion of each joint in flexion; flex each joint individually so that in the case of a pain response, you can more accurately determine the affected joint.
 - ◆ Continuing, with each forelimb raised off the ground, palpate from proximal to distal each forelimb, palmarly assessing the superficial flexor tendon, deep flexor tendon, suspensory ligament, second and fourth metacarpal bones (splints), fetlock sesamoid bones, palmar pastern and heels of the foot.
 - ◆ Palpate the hind legs and other parts of the horse's body as indicated.
- Investigate any painful response or sign of active inflammation and, when necessary, request information regarding previous diagnostic imaging that may have been performed from the trainer or assistant trainer.
- Record any reduction in joint flexion, any old surgical site and or surgical hardware, and all changes in the pertinent anatomy, including pin and freeze fire scars.
- Record the presence (or removal since last start) of aluminum pads or bar shoes. The veterinarian must ascertain if the trainer intends to run the horse with aluminum pads or bar shoes and if so, that information should be reported to the Stewards and the Paddock Judge. If a horse, according to its history, is wearing a bar shoe for the first time, the veterinarian must ask the trainer if the horse has been "nerved." If the horse has been "nerved," the veterinarian must promptly report it to the relevant authority. (The Nerved List must be updated and redisplayed in the claim box, and the foal certificate needs to be stamped).
- Observe the horse jogging in hand, moving towards and away from the veterinarian so that both hind end and front end motion can be evaluated. Any observation made by the veterinarian about the way the horse travels is recorded, such as Wide, Paddles, Stiff, and Choppy. Make note of a horse that starts the jog in hand with a slightly uneven gait, but after one or two strides evens out. The veterinarian may ask the handler to take a turn around the shed row and then reevaluate the horse jogging, or may request the horse be observed jogging on the pavement instead of the shed row. Proper restraint is very important during the jog since a fractious horse is difficult to evaluate. The jog should be neither too fast nor too slow for proper evaluation. While jogging, a horse's overall condition and conformation can also be assessed.
- If the horse does not jog sound or warm up to the veterinarian's satisfaction, this must be communicated clearly and concisely to the trainer, a scratch is recommended to the Stewards, the horse is placed on the Vet's List and the trainer is so informed.

PRE-RACE INSPECTIONS

CONT.

FOLLOW-UP:

- The veterinarian maintains the professional responsibility and obligation to add to this minimum inspection requirements, but not subtract from it; including any additional physical inspection procedures to ensure the integrity of horse racing, in guarding the health and safety of the horse and in safeguarding the interests of the general public.
- The veterinarian is professionally obligated to scratch, and if reasoned necessary, require additional medical diagnostic assessments (radiographs, ultrasound, etc.), for any race day horse in their professional opinion that is not fit and healthy, is deemed unsound to race that day, or if there are concerns about the horse's health and safety.
- Diagnostic imaging cannot be used to reverse the veterinarian's decision to scratch an in-today horse.
- Notations of all significant findings or lack of significant findings will be maintained by the examining veterinarian and reported on the InCompass Solutions data base contemporaneously.



BEST PRACTICE

MORTALITY REVIEW BOARD

PURPOSE: To review the circumstances and determine what factors may have contributed to every equine fatality, and to monitor track safety to identify and address anomalies in equine fatality rates.

GOAL: To use the information gathered from oversight and review to implement protective measures to mitigate future risk, and to educate all stakeholders in equine fatality prevention.

COMPOSITION:

- Equine Medical Director or Regulatory Veterinarian – chairs the Board and monitors equine fatality rates;
- Chief Racetrack Veterinarian;
- Track Superintendent or Facilities Manager;
- Safety Compliance Officer or Safety Steward;
- State Steward;
- Horsemen’s Representative (appointee of the horsemen’s group, but not a currently licensed trainer).

The members of the Mortality Review Board (MRB) will be published on each track’s website.

PROTOCOL FOR REVIEW:

The Chair of the MRB will designate personnel to gather the necessary information

- Information needed:
 - 1) Death Certificate;
 - 2) Necropsy Report including results of blood tests;
 - 3) Past Performances;
 - 4) Exercise History (High Speed Furlongs);
 - 5) Race chart and video;
 - 6) Track and weather conditions;
 - 7) Trainer Interview;
 - 8) Veterinarian(s) Interview;
 - 9) Jockey or Exercise Rider Interview (as appropriate);
 - 10) 60 days of medical records;
 - 11) ESAL report;
 - 12) Pre-race inspection findings (historical & current);
 - 13) Vet Scratches or Vet’s List for unsoundness;
 - 14) Previous injuries or incidents in EID;
 - 15) Risk Factors.
- Interviews to be conducted by regulatory investigators;
- Board meets to review and analyze information;
- Risk factors that may have contributed to the fatality are identified where possible and protective measures; implemented to mitigate risk in the future.

COMMUNICATION:

- Upon the conclusion of the report, the MRB chair will meet with the trainer, and others as appropriate, to review the results for educational purposes;
- The MRB will hold regular meetings with the track management and horsemen to review findings and make recommendations.

MORTALITY REVIEW BOARD

RISK FACTORS

SUMMARY OF RISK FACTORS FOR FATAL MUSCULOSKELETAL INJURY IN NORTH AMERICAN THOROUGHBRED HORSES

The following risk factors have been shown to be associated with increased risk for fatal musculoskeletal injury (FMSI) in horses that race in the United States and Canada. The opposite of the risk factors listed below may be considered to be protective factors. For example, dirt surfaces are associated with increased risk for FMSI; therefore synthetic surfaces are associated with decreased risk for FMSI. Sprint races are associated with increased risk for FMSI; therefore route races are associated with a decreased risk for FMSI. Horses that change trainers are at increased risk for FMSI; while horses that are trained by a single trainer for their entire career are at decreased risk for FMSI and so forth. Risk factors may be grouped into categories such as track, race, horse, stable, and exercise history.

Track Risk Factors:

- Track Surface Type: Horses that race on dirt surfaces are at greater risk for injury than those that race on turf and synthetic surfaces.
- Track Condition: Horses that race on "Off Dirt" (any non-fast condition) are at increased risk for injury.

Race Risk Factors:

- Race Distance: Horses that race in races of 6 furlongs or less (sprint races) are at increased risk for injury.
- Claiming Price: Horses that race in claiming races with a drop of more than \$10,000 are at increased risk for injury.
- Claiming Purse: Horses that race in claiming races in which the purse is more than 4 times the value of the horse are at increased risk for injury.
- Field Size: Horses that race in races with a large field size are at increased risk for injury.

Horse Risk Factors:

- Intact male horses are at increased risk for injury.
- Age at first start: Horses that do not start as 2-year-olds are at increased risk for injury. The risk of injury increases for each additional year.
- Age at the time of race: Older horses are at increased risk for injury.
- Previous Injuries: Horses with previous injuries are at increased risk for injury. Risk increases proportionally to the # of previous injuries.
- Vet's List: Horses that have been put on the Vet's list for lameness are at increased risk for injury.
- Horses that have been scratched from a race are at increased risk for injury.
- Horses with undiagnosed lameness are at increased risk for injury.
- Competitive horse: Horses with a low odds rank are at increased risk for injury.

Stable Risk Factors:

- Horses that are claimed are at increased risk for the first 30 days with the new stable.
- Change in trainer: Horses that change trainers are at increased risk for injury.

Exercise History Risk Factors:

- Cumulative exercise: Horses with a higher amount of cumulative exercise (# starts and # of high-speed workouts) are at increased risk for injury.
- Horses that accumulate more than 100 high-speed furlongs between their first official timed workout and their first start are at increased risk for injury.
- Racing history: Horses with a high amount of starts (more than 1 per month) between 61- 90 days prior to the incident race and have no starts within 30 days of the incident race are at increased risk for injury.

MORTALITY REVIEW BOARD

INVESTIGATOR QUESTIONS

For the Trainer:

- 1) When did you obtain this horse?
- 2) What was this horse's physical condition at that time?
- 3) While in your care, what surfaces did this horse train on?
- 4) Do you observe him training every day, or was this horse with an assistant trainer?
- 5) Who was/were the attending veterinarian(s)? Please provide information on all veterinarians who attended to the horse while in your care.
- 6) To your knowledge, did this horse ever have surgery? If yes, please provide details.
- 7) Did the horse have any history of chronic injury? If yes, please provide details.
- 8) Were there any changes in this horse's health or soundness in the last 30 days? If yes, please provide details.
- 9) Was any diagnostic testing performed on this horse in the last 60 days? If yes, please provide the results of the testing.
- 10) What medication, if any, was prescribed for or administered to this horse in the last 60 days?
- 11) To your knowledge, was this horse ever treated with a bisphosphonate?
- 12) While in your care, was this horse treated with Thyro-L?
- 13) While in your care, was this horse supplemented with cobalt?
- 14) What therapies (PEMF, laser, acupuncture, chiropractic, ice, cold water hose, etc) had been used on the horse?
- 15) To your knowledge, was this horse treated with Shock Wave Therapy? If so, at what location of the body and when was the treatment administered?
- 16) Have there been any changes in the horse's weight, appetite or mental attitude? If yes, please provide details.
- 17) Did you have to modify training to accommodate changes in this horse? If yes, please provide details.
- 18) When was this horse last shod?
- 19) Was there any change in shoeing? If yes, please provide details.
- 20) What equipment did this horse train in? (Bandages, bit, draw reins, etc)
- 21) Did you change exercise riders or jockeys recently?
- 22) Had this horse been cast in the stall or loose recently?
- 23) Were you under any pressure from an owner or the racing office to run this horse?
- 24) Did this horse ever leave the grounds while under your care?
- 25) Are there any circumstances regarding this horse that you believe may have contributed to this injury?

For the Exercise Rider/Jockey:

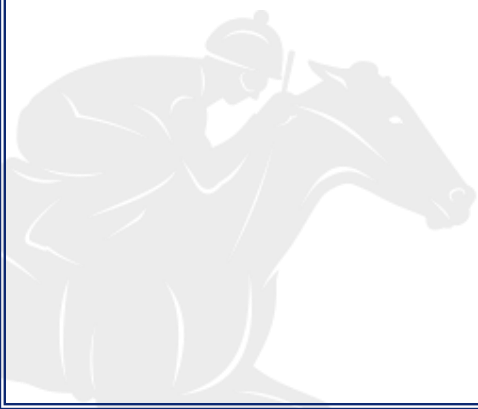
- 1) Did you ride this horse regularly?
- 2) Was the horse difficult to ride?
- 3) Did you notice any change in the horse's stride or soundness? If yes, please provide details.
- 4) Did you notice any change in the horse's mental attitude or energy level? If yes, please provide details.
- 5) Did the horse warm up well?
- 6) Did you have any indication of a problem before the injury occurred? If yes, please provide details.
- 7) If you are concerned that a horse is not warming up well, do you feel comfortable approaching a regulatory veterinarian to ask him/her to look at that horse prior to entering the starting gate?

MORTALITY REVIEW BOARD

INVESTIGATOR QUESTIONS, CONT.

For the Attending Veterinarian:

- 1) How long has this horse been under your care?
- 2) To your knowledge, did this horse ever have surgery? If yes, please provide details.
- 3) To your knowledge, did this horse have any history of chronic injury? If yes, please provide details.
- 4) Were there any changes in the horse's health or soundness in the last 60 days? If yes, please provide details.
- 5) Did you do any diagnostic testing (blood work, endoscopic examinations, ultrasound or radiographic examinations) on this horse in the last 60 days? If yes, please provide the results of the testing.
- 6) What medication, if any, did you dispense for or administer to this horse in the last 60 days?
- 7) To your knowledge, was this horse treated with a bisphosphonate?
- 8) While under your care, was this horse treated with cobalt?
- 9) While under your care, was this horse treated with Thyro-L?
- 10) To your knowledge, what therapies (Shock Wave Therapy, PEMF, laser, acupuncture, chiropractic, ice, cold water hose, etc) have been used on the horse?
- 11) Were there any changes in the horse's weight, appetite or mental attitude? If yes, please provide details.



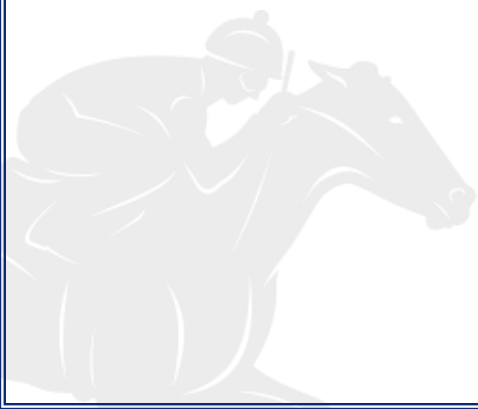
BEST PRACTICE SHOCK WAVE THERAPY

PURPOSE: To ensure the safe and responsible use of Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy.

GOAL: To adopt uniform standards that follow the ARCI Model Rule for the treatment of horses with Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy.

The use of Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy will only be permitted under the following conditions:

- 1) All Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy equipment must be registered with the state's racing regulatory agency.
- 2) The location of the equipment is subject to the inspection and approval of the state's racing regulatory agency.
- 3) Only veterinarians duly licensed by the state's racing regulatory agency will be permitted to perform the treatment.
- 4) The regulatory veterinarian will be notified in writing, on the prescribed form, within 24 hours of such treatment. The treating veterinarian is responsible for submitting the prescribed form.
- 5) The horse will not be allowed to race or breeze for a minimum of 10 days following treatment, with the day of the treatment to be considered the first day of the count.
- 6) The horse will be placed on the Vet's List or Shock Wave List during the 10-day stand down period.
- 7) The owner, trainer, treating veterinarian and other persons are subject to appropriate disciplinary action upon violation of these rules.



PURPOSE: To ensure transparency and open communication, and to provide stakeholders with the tools to communicate effectively with fellow stakeholders, the media and the public

GOAL: To present a positive and unified message from the racing industry

CRISIS MANAGEMENT:

Communication between the regulators, the racetrack and the horsemen is a must before any public statement is made. All stakeholders should be working together to address the situation.

- Designate one individual from the regulators, the racetrack and/or the horsemen's group to serve as the spokesperson/people;;
- Provide contact info for all spokespeople to the media and on the track website;
- In the wake of a crisis, make the spokesperson/people immediately available to all media, and notify all media as quickly as possible when and where the meeting with the press will take place;
- Do not speculate, report only what is known as fact;
- Do not assign blame;
- Always respond to media, even if the only comment is a prepared statement expressing the unified message;
- Responses to media inquiries should be made in a timely manner;
- Develop responses to potential questions prior to an interview; if you do not have corroborated facts to answer a specific question, offer to get back to the reporter with a response;
- Determine on a case by case basis if it would be beneficial to make a statement before the public is aware of a crisis;
- Do not address crisis situations on social media other than posting prepared statements;
- Notify Andy Belfiore of any crisis situation to determine if assistance from the Mid Atlantic Strategic Plan will be beneficial.

The unified message should focus on:

- We are aware – all stakeholders know there is an issue and are in communication;
- We care – all stakeholders are deeply invested in addressing the issue and have made this a high priority;
- We are taking immediate action – all stakeholders are using an abundance of caution while the situation is investigated (include any emergency measures being taken);
- We will report back – it is imperative that, after a thorough investigation, there is a follow-up report to the public as to the findings and the preventative measures taken to mitigate future risk.

BEST PRACTICE THOROUGHBRED AFTERCARE

PURPOSE: To ensure the safe and healthy retirement of all racehorses.

GOAL: To adopt uniform standards for racetrack-based racehorse retirement initiatives, to provide owners and trainers easy access to aftercare, and to educate horsemen on responsible racehorse retirement.

FUNDING:

Racetracks, regulators and horsemen will work together to create a dedicated and reliable revenue stream that will adequately fund racehorse retirement in each jurisdiction. Revenue streams can include:

- A per-start or per-win/place fee from racehorse owners, matched by the racetrack operators and the jockeys;
- A claiming surcharge (a percentage of claiming price charged to the claimant or deducted from claiming price);
- An annual contribution from the horsemen's association(s) and the racetrack.

PROGRAM POLICIES AND STANDARDS:

Any licensed owner or trainer who is based at a duly licensed racetrack must have access to racehorse aftercare. Each jurisdiction will establish a program that is:

- 1) created and run by the local horsemen's association;
- 2) based at the racetrack;
- 3) a registered 501 (c)(3) nonprofit.

Each program will establish eligibility requirements and:

- Serve as liaison for the horsemen in finding placements for the horses retiring from their racetrack;
- Work with a network of Thoroughbred Aftercare Alliance-accredited or recognized horsemen's group-affiliated aftercare facilities to find retraining and rehoming placements, or receive accreditation;
- Serve as a liaison with the racetrack's veterinary community and provide an independent veterinary evaluation of each horse;
- Collect all available diagnostics, including but not limited to X-rays, scans and post-operative reports, as well as updated vaccination records, and provide to the aftercare facility prior to shipping;
- Collect and disseminate completed forms (program intake form, vet report, partner aftercare organization's horse retirement form) to enroll the horse into the program, as well as The Jockey Club foal papers;
- Provide transportation to the aftercare facility;
- Provide a financial contribution to the aftercare organization;
- Keep records of all horses retired through the program.

EDUCATION:

The racehorse retirement program will host annual seminars in safe and responsible retirement.

COMMUNICATIONS:

The racehorse retirement program will have eligibility requirements, official forms and contact information posted on line, via the program website, horsemen's association website, and/or social media. The information will also be posted on the racetrack and regulatory body websites, and included in conditions books and on stall applications.

ADMINISTRATIVE:

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Tom Chuckas
Alan Foreman
Mike Hopkins
Joe Moore
Duncan Patterson
Dr. Scott Palmer

AFTERCARE:

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Dennis Moore
Jim Pendergest
Dr. Mick Peterson

REGULATORY VETERINARIAN:

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Dr. Ada Caruthers
Dr. Reynolds Cowles
Dr. Elizabeth Daniels
Dr. Scott Palmer
Dr. Kathleen Picciano
Dr. Anthony Verderosa

