150-Day Layoff Report

Presque Isle Downs

Trainers must complete this form for any horse* that has not raced for 150 days or more. The form shall be submitted to Dr. Dan Pierce, danpierce@pa.gov, prior to entry. The form shall be submitted a minimum of 30 days** before entry, and is valid for 60 days from the date of submission. *Does not apply to first-time starters. **This requirement may be waived by Dr. Pierce.

Horse Name/Tattoo or Microchip #: _____

Horse's Age: _____   First-Time Starter (Y/N): _____   Date/Track of Last Race: _____

Planned Date/Track of Entry: _____

Owner: _____   Phone/Email: _____

Trainer: _____   Phone/Email: _____

Primary Veterinarian: _____   Phone/Email: _____

Reason for layoff (MUST BE COMPLETED): _____

How long has this horse been in your care? _____

   (If less than 30 days) Previous Trainer: _____   Phone/Email: _____

Was surgery performed on this horse during the layoff?   **Yes**   **No**

   If yes, provide the date, type of surgery and veterinarian:

_____

_____

   Surgery Discharge Documents: **Attached**   **Not Attached**

Has this horse <u>ever</u> been treated with bisphosphonates (e.g., Tildren, Osphos)?   **Yes**   **No**

Is the horse on any medication, including trainer or veterinary administrations?   **Yes**   **No**

   List all current medications/treatments and applicable diagnosis:

_____

_____

Has the horse been treated with shockwave therapy since its last race?   **Yes**   **No**

   If yes, provide the veterinarian, dates and the area of the horse's body treated for all treatments:

_____

_____

Diagnostic tests (radiographs, scans, bloodwork etc.) performed since last race. Provide veterinarian, dates, details and results: _____

_____

_____

_____

Intra-articular joint injections performed since last race. Provide veterinarian, dates and details (body part and medication): _____

_____

_____

_____

To the best of my knowledge, the information provided is accurate and up to date.

Signature: _____

Submitted by (print name/title/date): _____

For Official Use Only:

- Additional Layoffs of 60 or More Days   Yes   No
- Surgery Discharge Documents   Yes   No   NA
- Diagnostic Reports   Yes   No   NA
- Intra-articular and Joint Injection Reports   Yes   No   NA
- Anabolic Steroid Treatment   Yes   No   NA
- Additional Medical History Since Report   Yes   No
- Workout History   Yes   No
- Past Performance History   Yes   No
- Exam History from InCompass   Yes   No
- Examination Required   Yes   No
- Observed Workout/Blood Test Required   Yes   No
- Approved for Entry   Yes   No   Date: _____

Approved by (Print/Sign): _____