



150-Day Layoff Report

Colonial Downs

Approved (Y/N): _____

Date: _____

Initials: _____

Trainers must complete this form for any horse* that has not raced for 150 days or more. The form shall be submitted to Equine Medical Director Dr. Ada Caruthers, by email to ada.caruthers@vrc.virginia.gov, or to the racing office in a sealed envelope addressed to Dr. Caruthers, 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. Caruthers.**

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 ever 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:

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|---|-----|----|-------------|
| • 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): _____