

**Date of Submission:**

**/ /20**

150 Day Lay-Off Report

Trainers must complete this form for any horse (not first-time starters) that has not raced for 150 days or more. The form shall be submitted to Dr. Robert Calley (vet1@tampabaydowns.com) at least 30 days\* prior to entry. Once approved, this form is valid for 60 days from the date of submission.

(\*This requirement may be waived by Dr. Calley)

**Horse Name**: Microchip#:

Age: Color: Sex:

**Date/Track of Last Race**: Planned date/track of Entry:

**Trainer:** Ph#:

Private Vet: Ph#:

**Primary Reason for Layoff:**

How long has the horse been in your care? \_\_\_\_\_\_\_\_If less than 30days–previous trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was **surgery performed during lay off**? **Y/ N** If yes, Date/type of surgery and Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this horse ever been **treated with bisphosphonates** (e.g., Tildren, Osphos)? **Y/N**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this horse **currently on any medication** (including trainer/veterinary administrations)? **Y/N**

List all **current medications/treatments/diagnosis**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(If more space needed–please write on back of this sheet)

Has the horse been **treated with Shock wave therapy** since its last race? **Y/N**

 If Yes, Date of last treatment and area of body treated: \_\_\_\_

Were there any **Diagnostic Tests** preformedsince last race (date and results): **Y/N** \_\_

(If more space needed–please write on back of this sheet)

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Did horse receive **Intra articular injections** since last race (date/location/medication): **Y/N** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If more space needed—please write on the back of this sheet)

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

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Print Name Signature Date