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**IA CORTICOSTEROID INJECTION RECORD**

**Claimed by Trainer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intra-Articular Corticosteroid Records**

Summary: The previous trainer of a claimed horse shall, within 72 hours after the race, provide accurate treatment records of all corticosteroid joint injections that were administered to the horse within the previous 30 days to the Association Veterinarian. This form must be delivered, faxed (813-298-1560) or emailed ([vet1@tampabaydowns.com](mailto:vet1@tampabaydowns.com)) to the Tampa Bay Downs Association Veterinarian’s Office by either the trainer or the practicing veterinarian.

**(Both Trainer and Veterinarian MUST sign the form).**

Purse money will not be distributed until this form is returned.

**Record of Intra-articular corticosteroid injections**

Claimed Horse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tattoo/Chip # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Claimed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Race # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer of Claimed horse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check **ONE** of the following boxes:

1. The Horse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has **NOT** received any intra-articular corticosteroid injections in the last 30 days.
2. The Horse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has received the following intra-articular corticosteroid injections in the last 30 days.

Joint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Corticosteroids(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Joint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Corticosteroids(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Joint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Corticosteroids(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Joint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Corticosteroids(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

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

Trainer (print) Trainer (sign) Date

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

Practicing Veterinarian (print) Practicing Veterinarian (sign) Date

**EHV - 1 Vaccination Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**