



150-Day Layoff Report

Mahoning Valley Race Course

Trainers must complete this form for any horse that has not raced for 150 days or more. The form shall be submitted to Dr. Dorrie Wallace, dorrie.wallace@gmail.com, 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.

**This requirement may be waived by Dr. Wallace.*

Horse Name/Tattoo or Microchip #: _____ Today's Date: _____

Date/Track of Last Race: _____ Planned Date/Track of Entry: _____

Owner: _____ Phone/Email: _____

Trainer: _____ Phone/Email: _____

Primary Veterinarian: _____ Phone/Email: _____

Reason for layoff: _____

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.

Trainer Signature _____

Submitted by (print name/title/date) _____

For Attending Veterinarian Use:

Attestation of Veterinary Examination

I have examined the above horse for Trainer _____

prior to entry to race and have found the horse to be sound at the walk and when trotted in hand and free of clinical abnormalities that would preclude it from safely racing or training. This examination cannot be relied upon as a declaration that this horse will be free of abnormalities on any subsequent date.

Signature of Attending Veterinarian: _____

Attending Veterinarian: _____ Date: _____

Print Name