

Veterinarian Work Request

DECLARATION OF FITNESS TO SCHEDULE A HORSE TO WORK FOR THE VETERINARIAN PURSUANT TO HISA 2242(a)		
HORSE:	Tattoo/MC#:	<u>Horse HISA ID</u>
TRAINER:	Phone/email:	
BARN:	Track:	
REASON HORSE WAS PLACED ON THE VET LIST/Required to work		
UN SOUND	<input type="checkbox"/>	
EPISTAXIS	<input type="checkbox"/>	
4 YEAR OLD and UP - NON- STARTER	<input type="checkbox"/>	
LAY OFF - Horse that has not run in 365 days	<input type="checkbox"/>	
INJURED	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	
DIAGNOSTIC MANAGEMENT AND TREATMENT		
Physical Examination Findings, Diagnosis, and Relevant History:		
Diagnostic Work up:		
Diagnostic imaging Y / N if yes, describe findings:		
Treatments and Procedures during the previous 30 days:		
Attending Veterinarian:	Contact Number:	
Signature:	Date:	
Trainer:	Contact Number:	
Signature:	Date:	
Time and Date received by Veterinarian's Office:		
A WORK WILL NOT BE SCHEDULED UNLESS THIS FORM IS COMPLETED IN FULL TO THE SATISFACTION OF THE REGULATORY VETERINARIAN		

NOTE: Email this completed form to VetWorks@nyrainc.com.