



COMMONWEALTH of VIRGINIA

Virginia Racing Commission

10700 Horsemen's Road

New Kent, Virginia 23124

(804) 966-7400; FAX (804) 966-7418

Chain of Custody Form

Removal Date: _____ Time: _____

Sample Number: _____ Urine: _____ Blood: _____

Reference Laboratory: _____

Shipping Address: _____

Shipper: _____

Commission Vet

Horseman

Verification of Retrieval: _____
(Initials)

(Initials)

Verification of Condition: _____
(Initials)

(Initials)

Verification of Packing: _____
(Initials)

(Initials)

Verification of Shipper: _____
(Initials)

(Initials)

Transfer Date: _____

Time: _____

Signature (Commission Veterinarian): _____

Signature (Horseman): _____