



COMMONWEALTH of VIRGINIA

Virginia Racing Commission

10700 Horsemen's Road

New Kent, Virginia 23124

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

**REQUEST TO REMOVE HORSE FROM
THE FUROSEMIDE PROGRAM**

Name of Horse _____ Tattoo _____

Trainer _____ Date _____

I hereby certify that the owner or registered agent of this horse has placed the horse under my care and supervision as licensed trainer. Furthermore, I have strong reason to believe that it is in this horse's best interest not to race on the medication furosemide. Therefore, in accordance with the Regulations Pertaining to Horse Racing in the Commonwealth of Virginia, I request that this horse be removed from the furosemide list. I fully understand that once removed from the list, the horse may not be placed back on the list for a period of 60 calendar days from the date of its last race on furosemide.

Signature (trainer) _____

This horse is herewith removed from the Furosemide List, _____ (date).

Signature (steward) _____