

New York Sire Stakes 2 year old Filly Pace

1st Race, September 7, 2024

H-6

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Janet Durso	Return form to:	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone:	518-388-3400
Trainer/Client	Ray Schnittker	Facsimile:	518-388-3403	Email:	info@gaming.ny.gov
Horse	BRONX MIXER				

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
		NO TREATMENT	

1-7

✓



Veterinary Treatment Record Form VR1A

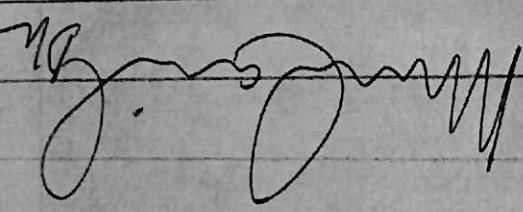
Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>Janet Durso</i>	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client <i>Ray Schnitker</i>		Facsimile: 518-388-3403
Horse <i>SEND IT DOWN SUM</i>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
		<i>No treatment</i>	

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

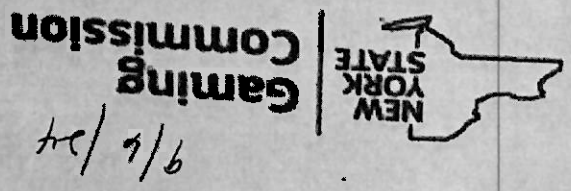
VI 09/01/20

Date	Time	Diagnosis	Treatment Drug Administered, Dose & Route of Transmission
			
			<p>No TESTMENTS GIVEN</p>

Veterinarian: MICHAEL CARINDA DVM
 Trainer/Client: COREY STRATTON
 Horse: CHANCE OF LIGHTNING

Return form to:
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, N.Y. 12305
 Telephone: 518-388-3400
 Facsimile: 518-388-3403
 Email: info@gaming.ny.gov

Use of this Form is recommended to assure compliance
 with Commission Rules 4012.4 and 4120.9
 Veterinary Treatment Record Form VRIA



9/6/24

✓

1-2



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Sean Grasso	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Cilent Doree Bako		Facsimile: 518-388-3403
Horse The Last Martini		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5/24	11:10am	Healthy 2 yr old filly	N/A

1-3

✓



Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

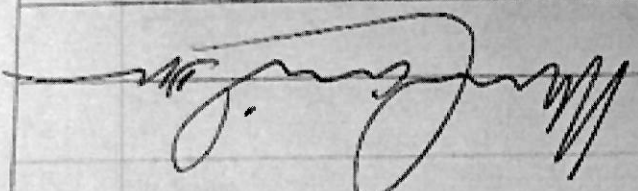
Veterinarian <i>Sean Grasso</i>	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client <i>Doree Baker</i>		Facsimile: 518-388-3403
Horse <i>Cougari Honor</i>		Email: Info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5/24	11:10 am	Healthy 2 yr old filly	N/A



09/09/20

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

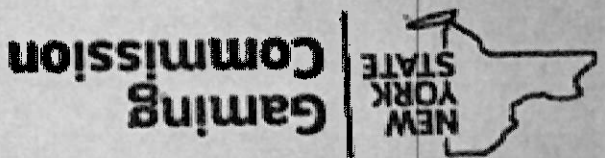
	Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
				
<p>No TREATMENTS PAST 72 hrs</p>	<p>—</p>			

Telephone: 518-388-3400
 Facsimile: 518-388-3403
 Email: info@gaming.ny.gov

Return form to:
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, N.Y. 12305

Veterinarian: MICHELLE CARINDA DVM
 Trainer/Client: RICKY BUCH
 Horse: AMERICAN BEACH DREAM

Veterinary Treatment Record Form VR1A
 Use of this Form is recommended to assure compliance
 with Commission Rules 4012.4 and 4120.9



✓

1-5

✓



One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: Dr Richard Zinn

TRAINER/CLIENT: Travis Alexander

HORSE: Blind Date

Veterinary Record Form VR1a
 Use is recommended to assure compliance with
Section 4012.4 and 4120.9 of NYCRR 9E
 9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/5	9:00AM	Dehydration	4 - 1L Lactated Ringers IV

Richard Zinn

1-8



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Stephen Bokeman DVMMS	Return form to:	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone:	518-388-3400
Trainer/Client	Baker			Facsimile:	518-388-3403
Horse	She's A Streak!			Email:	info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/4/24		None	No Treatment
9/5/24		None	No Treatment
9/6/24	8am	Dehydration	Saline 4L IV

New York Sire Stakes 3 year old Filly Trot

2nd Race, September 7, 2024



Gaming Commission

Veterinary Treatment Record Form VR1A

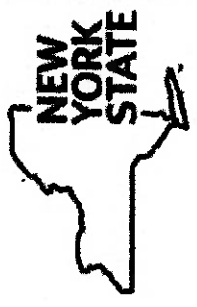
Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Anjelka Bosnjak, DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone:	518-388-3400
Trainer/Client	Matthew Bax		Facsimile:	518-388-3403
Horse	Winning Alliance		Email:	info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
Sept. 04, 2024	10:00 am	mild carpalis (routine maintenance)	Polyglycan, 5cc IA - B carpi IC & RC
		post injection anti-inflammatory (routine)	phenylbutazone, 2g IV

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

V1 09/01/20



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Michael J. Latessa, DVM	Return form to:	Telephone: 518-388-3400
Trainer/Client	Vernon Beachy	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	Seven Year Itch		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/4/24	10:30 P.M.	Mild dehydration	Received 5 liters LRS



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Chad Calice <i>Chad Calice DVM</i>	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client John Butenschoen Stable		Facsimile: 518-388-3403
Horse R melina		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/4/24	6 AM	Gastric ulcers	Gastrogard, 1 tube PO (CC)
9/5/24	6 AM	Gastric ulcers	Gastrogard, 1 tube PO (CC)
9/5/24	6 AM	Inflammation	Phenylbutazone, 2 g IV (CC)
9/6/24	6 AM	Gastric ulcers	Gastrogard, 1 tube PO (CC)
<hr/>			
<hr/>			
<hr/>			
<hr/>			

2-3

✓



Gaming Commission

Voluntary Treatment Record Form VRIA

For more information, please contact the New York State Gaming Board at 518-485-4000 or visit our website at www.nysgb.com

Return form to:

New York State Gaming Board
 One Wolf Den Center
 Schenectady, NY 12305

Telephone: 518-485-2400
 Facsimile: 518-388-1404
 Email: info@nysgb.com

Waterfront: **EAST COAST EQUINE / TED MAZZARISI**

Trainer/Client: **AIKE SVANSTEDT**

Horse: **SENORITA PALEMA**

Treatment Drug Administered, Dose, & Route of Transmission

9/4 1 TUBE GASTROGARD ORALLY

9/5 1 TUBE GASTROGARD ORALLY

9/6 NO TREATMENT

Ted Mazzarisi

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

2-4

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>Stephen Bidman DVM</i>	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client <i>R Burke</i>		Facsimile: 518-388-3403
Horse <i>Sister Mary Maude</i>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
<i>9/4/24</i>		<i>None</i>	<i>None no Treatment</i>
<i>9/5/24</i>		<i>None</i>	<i>None</i>
<i>9/6/24</i>		<i>None</i>	<i>None</i>

25



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>Carl E Juhl-Nielsen DVM</i>	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client <i>Thomas Corelli</i>		Facsimile: 518-388-3403
Horse <i>Hippie Shake</i>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
<i>9/4</i>	<i>11:00</i>	<i>Vitamin TOS 1000</i>	<i>BANAMINE 10cc</i>

2-6

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Kait Bender, DVM	Return form to:	Telephone: 518-388-3400
Trainer/Client	Tony Magna	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	Sadbird still sing		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9.4.24	6A	EBUS	omeprazole (Gastroguard), 1 tube, PO
9.5.24	6A	"	"
9.6.24	6A	"	"
9.4.24	3 ³⁰ p	suspected mild rhabdomyolysis	Saline, 6L, IV
"	"	"	DMSO, 60cc, IV

4th Race, September 7, 2024

New York Sire Stakes 3 year old Cold and Gelding Trot

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Chad Calice DVM <i>Chad Calice DVM</i>	Return form to:	Telephone: 518-388-3400
Trainer/Client	John Butenschoen	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	Super Duper Cooper		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/4/24	6 AM	Gastric ulcers	Gastrogard, 1 tube PO (CC)
9/5/24	6 AM	Gastric ulcers	Gastrogard, 1 tube PO (CC)
9/5/24	6 AM	Inflammation	Phenybutazone, 2g IV (CC)
9/6/24	6 AM	Gastric ulcers	Gastrogard, 1 tube PO (CC)

✓

4-1



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Rehowitz	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client J. Melandee		Facsimile: 518-388-3403
Horse Nottingham		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/2/24	11:45 AM	Dehydration	CATHeter 5 Liter Hartmann's solution } IV
9/4/24	10:30 AM	Dehydration / elevated muscle enzymes	2gropheng/ketorolone IV 2gpc Metformin carbonyl IV 5L Hartmann with DMSO 70cc

10/9/20

4-2

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Janet Durso		Telephone:	518-388-3400
Trainer/Client	Ray Schnitter		Facsimile:	518-388-3403
Horse	VICTOR LASZLO		Email:	info@gaming.ny.gov
Return form to:			N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
		NO	treatment

Y.S

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian TED MAZZARISI DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client Marcus Melander		Facsimile: 518-388-3403
Horse Thinker Monkey		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
8AM	9/15	ULCER TX	Gastroguard - 1 TUBE
8AM	9/16	ULCER TX	Gastroguard - 1 TUBE

Ted Mazzarisi DVM

4-6



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Dr. P.R. Maloney	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client George Ducharme		Facsimile: 518-388-3403
Horse Keep Askins		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/17/24	1430	Hydration	2000 ml Lact Rings, + 20 cc Vit C
9/17/24	1430	Cust. - inf. m. box	Legend IV

4-8

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian *RICHARD ZINN DVM*

Trainer/Client *EDWARD HART*

Horse *SIR PINOCCIO*

Return form to:
N.Y.S. Gaming Commission
One Broadway Center
Schenectady, N.Y. 12305

Telephone: 518-388-3400

Facsimile: 518-388-3403

Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
<i>4-5-24</i>	<i>10:30</i>		<i>NONE</i>

5th Race, September 7, 2024

International Trot



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: M. Tillinghast

TRAINER/CLIENT: L. Garcia

HORSE: Colet De Gloire

Veterinary Record Form VR1a

Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

Stall 1

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/1/24	7:51	N/A	N/A
9/2/24	2pm	Post Exercise Fluids	5L IVF Plasmalyte w/ Vitamins
9/3/24	4pm	Post Training Fluids	5L IVF Plasmalyte w/ Vitamins
9/5/24	9am		500mg Banamine IV
9/5/24	2pm		5L IVF Plasmalyte



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian MICHAEL CARINDA DVM
 Trainer/Client RICHARD WESTERINK
 Horse IDEAL SAN LEANDRO

Return form to:
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, N.Y. 12305

Telephone: 518-388-3400
 Facsimile: 518-388-3403
 Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
		—	No TREATMENTS GIVEN

[Handwritten Signature]

✓



One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: M. Tillinghast

TRAINER/CLIENT: J. Westholm

HORSE: Castor the Star

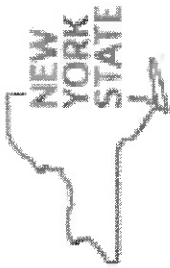
sk-114

Veterinary Record Form VR1a
 Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
1:50 pm	9/4/24	Eye discharge	Eye Flush QD



5-4



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>EAST COAST EQUINE / TED MAZZARISI</i>	Return form to:	Telephone: 516-388-3400
Trainer/Client <i>AJLE SVANSTEDT</i>	N.Y.S. Gaming Commission One Broadway Center Schuylerville, N.Y. 12305	Facsimile: 518-388-3403
Horse <i>J166Y JAG S</i>		Email: info@spaning.ny.gov

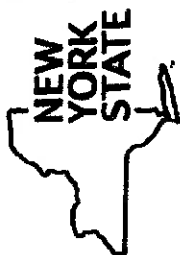
Date	Time	Diagnosis	Treatment Drug Administered, Dose & Route of Transmission
9/4		ULCERS	1 TUBE GASTROGARD ORALLY
9/5		ULCERS	1 TUBE GASTROGARD ORALLY
9/6		—	NO TREATMENT

Ted Myzani DM

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

SS

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9.

Veterinarian Dr. John Hennessey	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client Robert Jellows	Facsimile: 518-388-3403	
Horse Cogan Park	Email: info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
Sept 5	8am		GASTRO GUARDS daily 8 AM
Sept 4	8am		"

5-6



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>Stephen Bolanan DM MS</i>	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client <i>R. Barker</i>		Facsimile: 518-388-3403
Horse <i>IT's Academic</i>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
<i>9/4/24</i>		<i>None</i>	<i>No Treatment</i>
<i>9/5/24</i>		<i>None</i>	<i>No Treatment</i>
<i>9/6/24</i>	<i>8 AM</i>	<i>Dehydration</i>	<i>Saline 4L IV</i>



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: M. Tillinghast

TRAINER/CLIENT: D. Reden

HORSE: Hail Mary S stall 13

Veterinary Record Form VR1a
Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
			No Treatments per Dr Tillinghast
			Ellie P. McGuire, MD



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

Veterinary Record Form VR1a
Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

VET: M. Tillinghast

TRAINER/CLIENT: A Giocciacoro

HORSE: Vernissage Girl gb115

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/3/24	4pm	Post Exercise Treatments	IVF 5L Plasmalyte w/ Vitamins
9/5/24	2pm	"	5L IVF Plasmalyte

✓



NEW YORK
STATE OF
OPPORTUNITY.

Gaming
Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: M. Tillinghast

TRAINER/CLIENT: J. Untersteiner

HORSE: Get A wish stall 2

Veterinary Record Form VR1a
Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
			No Treatments per Dr Tillinghast
			Ellefmegir, ms

06/20/15

5-16



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Ted Mazzaresi DVM	Return form to:	Telephone: 518-388-3400
Trainer/Client	Marcus Melander	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	Periculum		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5	8:00 AM	No Treatment	No Treatment
9/6	8:00 AM	No Treatment	No Treatment

Ted Mazzaresi DVM

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

6th Race, September 7, 2024

New York Sire Stakes 3 year old Colt and Gelding Pace



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian: <u>Richard Zinn</u>	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client: <u>Blake Macintosh</u>		Facsimile: 518-388-3403
Horse: <u>Spring Blake</u>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
09/05	10AM	Post Training Treatment	Banamine 10cc IV

Richard Zinn

All entries must be complete and legible. Incomplete or illegible records will not be accepted. V1 09/01/20

at be complete and legible. Incomplete or illegible records will not be accepted.

Diagnosis	Treatment Drug Administered, Dose & Route of Transmission
9/5/24	ADJUVANT IM SCS IM
9/5/24	HYDRATION ELECTROLYTE DREUCH 3L IB
9/5/24	GASTRIC SUPPORT SUCCED PASTE TUBE ORALLY
9/5/24	GASTRIC SUPPORT OMEPRAZOLE/PAMIDINE 2.29g/19m PER 100
9/5/24	GASTRIC SUPPORT OMEPRAZOLE/PAMIDINE 2.29g/19m PER 100

Return form to:
 MICHELLE CLARKE DVM
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, N.Y. 12305
 Telephone: 518-388-3400
 Facsimile: 518-388-3403
 Email: info@gamingny.gov

NEW YORK STATE Gaming Commission

Veterinary Treatment Record Form VR1A
 Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9.

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9.

Veterinarian: *Gregory S. DeJerni*

Trainer/Client: *Cameron Capone*

Horse: *Vandiemer Blue Chip*

Return form to:
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, N.Y. 12305

Telephone: 518-388-3400
 Facsimile: 518-388-3403
 Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9-4	AM	Gastric Ulcers	Geotrymad orally
9-4	11AM	Inflammation	Rule 29 IV
9-5	AM	Gastric Ulcers	Geotrymad orally
9-6		No Other Treatments	

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

6-1

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Dr. P. G. Mallon	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client George Ducharme	Facsimile: 518-388-3403	
Horse Ameetric	Email: info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/4/24	1400	Hydration	2000 mL Lac/Ringer + 20 ^{cc} VtC
9/14/20	1400	Anti-infection	Legend IV

6-3

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Gregory S. Dey DVM	Return form to:	Telephone: 518-388-3400
Trainer/Client	Paul Jessop	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	Taranaki		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9-4		Thruugh 9-6	
		No Treatments	
			Gregory S. Dey DVM

6-5



One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: Dr Richard Zinn
TRAINER/CLIENT: Travis Alexander

HORSE: Hunting for Chrome

Veterinary Record Form VR1a
Use is recommended to assure compliance with
Section 4012.4 and 4120.9 of NYCRR 9E
9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/5	9:00 AM	Dehydration	4-1L Lactated Ringers IV

Richard Zinn

6-6



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Janet Durs	Return form to:	Telephone: 518-388-3400
Trainer/Client Ray Schnitker	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse Texas Holdem		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/6/24	10am	prevention of gastric ulcers	omeprazole 2.28g (1 tube castrocard) orally

6-8



One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: Dr. Richard Zinn

TRAINER/CLIENT: Travis Alexander

HORSE: Howlenthru hills

Veterinary Record Form VR1a
Use is recommended to assure compliance with
Section 4012.4 and 4120.9 of NYCRR 9E
9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/5	9:00AM	Dehydration	4 - 1L lactated ringers / ✓

New York Sire Stakes 3 year old Filly Pace

7th Race, September 7, 2024

7-1



Gaming Commission

Veterinary Treatment Record Form VR1A

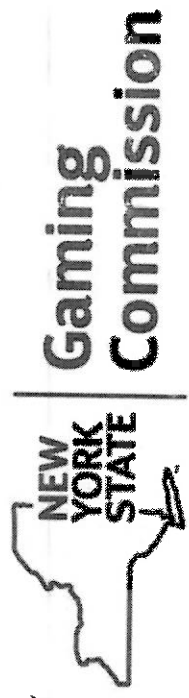
Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>Stephen Bloman DVM</i>	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client <i>R Burke</i>		Facsimile: 518-388-3403
Horse <i>Camarian</i>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
<i>9/4/24</i>		<i>None</i>	<i>None No Treatment</i>
<i>9/5/24</i>		<i>None</i>	<i>None u u</i>
<i>9/6/24</i>		<i>None</i>	<i>None u u</i>

✓

7-2



Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Richard Zinn Le Dum	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client Nicholas DeVita		Facsimile: 518-388-3403
Horse Stepabovetherest		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9.5.24	10 ^{am}	Dermatitis	Hyken IV
9.4.24	12 ³⁰	Parasite	Rest Transmuc

[Handwritten Signature]

7-3



**Gaming
Commission**

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET:

Dee

TRAINER/CLIENT:

CJ Hyler

HORSE:

Peace Talks

Veterinary Record Form VR1a
Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/3			
9/4		Not Treatment	
9/5			
9/6			

7-4 ✓



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: Dr Richard Zinn
 TRAINER/CLIENT: Travis Alexander
 HORSE: Shes Epic

Veterinary Record Form VR1a
 Use is recommended to assure compliance with
 Section 4012.4 and 4120.9 of NYCRR 9E
 9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/5	4:00AM	Dehydration	4-11 Lactated Ringers IV

[Handwritten signature]

✓

7-5



One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: Dr Richard Zinn

TRAINER/CLIENT: Travis Alexander

HORSE: Avyanna

Veterinary Record Form VR1a
 Use is recommended to assure compliance with
 Section 4012.4 and 4120.9 of NYCRR 9E
 9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/5	9:00AM	Dehydration	4- 1L Lactated Ringers / ✓

Richard Zinn

76



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4-012.4 and 4-020.9

Veterinarian	Richard Zinn	Return form to:	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone:	518-388-3400
Trainer/Client	Blake Macintosh			Facsimile:	518-388-3403
Horse	A Few Choice Words			Email:	info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
09/05	10PM	Post-Training Treatment	Banamine 10cc IV

All entries must be complete and legible. Incomplete or illegible records will not be accepted. V1 09/01/20

✓

7-7



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: Dey

TRAINER/CLIENT: Ryfel

HORSE: Tarrific

Veterinary Record Form VR1a
Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/3	8:00am	Gastric Suffer	GasTronox 12 Oxygentab P.O.
9/4			
9/5			
9/6			

✓

78

Gaming Commission

NEW YORK STATE OF OPPORTUNITY



One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

Veterinary Record Form VR1a
Use is recommended to assure compliance with Section 40.12.4 and 41.20.9 of NYCRR.9E

VET: Dey

TRAINER/CLIENT: Lower

HORSE: Kortny Hula

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/3/24		No Treatments	
9/4/24			
9/5/24			
9/6/24	8:00-	Stress Management	IV Vitamins ZOm1

8th Race, September 7, 2024

New York Sire Stakes 2 year old Colt and Gelding Trot

Veterinary Treatment Record Form VR1A

Use of this form is recommended to assure compliance with Commission Rules 1012.4 and 1120.9

New York State Gaming Commission



Telephone: 518-388-3400
 Facsimile: 518-388-3403
 Email: info@gaming.ny.gov

Return form to:
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, NY 12305

Veterinarian: EAST COAST EQUINE / TED HAZZARISI
 Trainer/Client: ARE SVANSTEDT
 Horse: HAPPY JACK B

Treatment: Drug Administered, Dose & Route of Transmission

Date	Time	Diagnosis	Treatment
9/5		N/A	NO TREATMENT
9/6		N/A	NO TREATMENT

VI 09-0120

[Signature]
 All entries must be complete and legible. Incomplete or illegible records will not be accepted.



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Telephone: 518-388-3400
 Fax: 518-388-3403
 Email: info@gaming.ny.gov

Return form to:
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, N.Y. 12305

Veterinarian: EAST COAST EQUINE / TED HAZZARIS
 Trainer/Client: ANE SVANSTEDT
 Horse: GANGTA TALK

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5		N/A	NO TREATMENT
9/6		N/A	NO TREATMENT

VT09/01/20

Alex MacLennan
 All medical records must be accepted.

8-1



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian: Ted MAZZARISI DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client: Marcus Melander		Facsimile: 518-388-3403
Horse: SUPER chapter		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5	8:00 AM	No Treatment	No Treatment
9/6	8:00 AM	No Treatment	No Treatment

Ted Mazzarisi DVM

8-2

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>M. Kemp DVM</i>	Return form to:	Telephone: 518-388-3400
Trainer/Client <i>N. Lakter</i>	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse <i>Civilian Drone</i>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/4/24	/	No Treatments	/
9/5/24	/	No Treatments	/
9/6/24	8am	Dehydrated	Saline, 3L, IV

M. Kemp

8-13



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Jacob M. Kiefer DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client JOHN BIRDAUER		Facsimile: 518-388-3403
Horse BJM'S LIC MAN		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
NO TREATMENTS			

8-4

✓



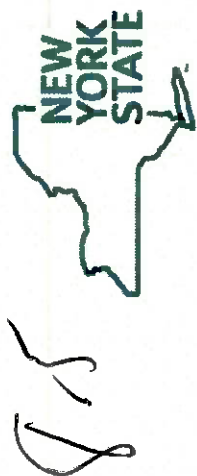
**Gaming
Commission**

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	<i>Janet A. Durso DVM</i>	Return form to:	Telephone: 518-388-3400
Trainer/Client	<i>Ray Schnitker</i>	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse	<i>KARINCHAK</i>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
<i>9/4/24</i>		<i>cellulitis RH (last week)</i>	<i>minocycline, 2gm orally (antibiotic)</i>
<i>9/5/24</i>		<i>" "</i>	<i>" "</i>



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Ted Mazzarisi DM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client Marcus Melander		Facsimile: 518-388-3403
Horse Variegated		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5	4.00	No Treatment	No Treatment
9/6	8.00	No Treatment	No Treatment

Ted Mazzarisi DM

8-8

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Ted Mazzarisi DM		Telephone:	518-388-3400
Trainer/Client	Marcus Melander		Facsimile:	518-388-3403
Horse	Moushot S		Email:	info@gaming.ny.gov
Return form to:			N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5	1:00 ^{PM}	No Treatment	No Treatment
9/6	8:00 ^{AM}	No Treatment	No Treatment

Ted Mazzarisi DM

New York Sire Stakes 2 year old Filly Trot

10th Race, September 7, 2024



10-1



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: Dey

TRAINER/CLIENT: No One

HORSE: My Petit Colosseum

Veterinary Record Form VR1a
Use is recommended to assure compliance with Section 4012.4 and 4120.9 of NYCRR 9E

DATE	TIME	DIAGNOSIS	TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION
9/3		No Treatment	No Treatment
9/4			
9/5			
9/6			

10-2

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian Richard Zinn DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client Edward Hart		Facsimile: 518-388-3403
Horse Dw's Lady Diva		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9-5-24	10:40		NONE

10-3



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian TED MAZZARISI DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client Marcus Melander		Facsimile: 518-388-3403
Horse Morning angel		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5	8:00 AM	ULCER TXT	GASTROGUARD - 1 TUBE orally
9/6	8:00 AM	ULCER TXT	GASTROGUARD - 1 TUBE orally

Ted Mazzarisi ✓

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

10-7



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian: Steven Sedrish
 Trainer/Client: JERRY SIMSER
 Horse: Calculus Risk

Return form to:
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, N.Y. 12305

Telephone: 518-388-3400
 Facsimile: 518-388-3403
 Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
		No treatments Done,	Sedrix

10-5

✓



Gaming Commission

Voluntary Treatment Record Form VRIA

This form is to be completed to assist in the treatment of a horse with a gambling license. For more information, please call 518-485-4100.

Veterinarian:

Telephone: 518-388-2400

Training Center:

New York Gaming Commission
Gambler's Injury Center
540 Route 146, N.Y. 12305

Facsimile: 518-388-4404

Horse:

Email: info@nycgaming.org

EAST COAST EQUINE / TED MAZZARISI
ALE SVANSTEDT
BEAUTIFUL SIGHT

Date / Time / Discharge

Treatment Drug Administered, Dose & Route of Administration

9/4

ULCERS

1 TUBE GASTROGARD ORALLY

9/5

ULCERS

1 TUBE GASTROGARD ORALLY

9/6

—

NO TREATMENT

Ted Mazzarisi, DVM

All entries must be complete and legible. Incomplete or illegible records will not be accepted.

10-6



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Ted Mazzarisi DVM	Return form to:	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone:	518-388-3400
Trainer/Client	Marcus Melander			Facsimile:	518-388-3403
Horse	Royal Mission			Email:	info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5	6:00 AM	No treatment	No Treatment
9/6	8:00 AM	No Treatment	No Treatment

Ted Mazzarisi DVM

11th Race, September 7, 2024

New York Sire Stakes 2 year old Colt and Gelding Pace

11-1

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	RICHARD ZWUN	Telephone:	518-388-3400
Trainer/Client	EDWARD HART	Facsimile:	518-388-3403
Horse	F-DEAL OF A DAY	Email:	info@gaming.ny.gov
Return form to:		N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9-5-24	10:20		NONE

11-2



**Gaming
Commission**

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

VET: Dr. Richard Zinn
TRAINER/CLIENT: Travis Alexander
HORSE: Silent Weapon

Veterinary Record Form VR1a
Use is recommended to assure compliance with
Section 4012.4 and 4120.9 of NYCRR 9E
9/1/15

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/5	9:00AM	Dehydration	4 - 1 L Lactated Ringers IV

Richard Zinn

11-3



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>Sean Grasso</i>	Return form to:	Telephone: 518-388-3400
Trainer/Client <i>Saved Backo</i>	N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse <i>Fast Choice</i>		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
9/5/24	11:10 am	Healthy 2 yr old Gelding	N/A

✓



Gaming Commission

One Broadway Center, P.O. Box 7500, Schenectady, NY 12301-7500
www.gaming.ny.gov

Veterinary Record Form VR1a
Use is recommended to assure compliance with
Section 4012.4 and 4120.9 of NYCRR 9E
9/1/15

11-4

VET: Dr. Richard Zinn
TRAINER/CLIENT: Travis Alexander
HORSE: Thirsty thursday

<u>DATE</u>	<u>TIME</u>	<u>DIAGNOSIS</u>	<u>TREATMENT - DRUG ADMINISTERED, DOSE & ROUTE OF ADMINISTRATION</u>
9/5	9:00AM	Dehydration	4-1L Lactated Ringers IV

[Handwritten signature]

11-5

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

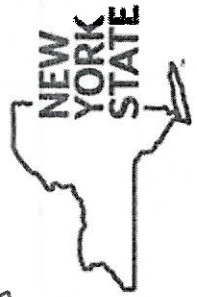
Veterinarian David Soriano, DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client W. BART DALIONS		Facsimile: 518-388-3403
Horse WATCH MY WARRIOR		Email: info@gaming.ny.gov

9/4/24
11/5

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
			NO Treatment

11-5

✓



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian David Jermol, DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client W. BART DALIOUS 9/5/24	Facsimile: 518-388-3403	
Horse WATCH MY WARRIOR 11/5	Email: info@gaming.ny.gov	

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
			NO Treatment

115



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian David Form, DVM	Return form to: N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Telephone: 518-388-3400
Trainer/Client W. BAR + DALIOUS		Facsimile: 518-388-3403
Horse WATCH MY WARRIOR 11/5		Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
			NO Treatment



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian	Richard Zinn	Return form to:	Telephone: 518 388 3400
Trainer/Client	Babe Macintosh	N.Y.S. Gaming Commission	Facsimile: 518-388-3403
Horse	Courts On Fire	One Broadway Center Schenectady, N.Y. 12305	Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission
09/05	10AM	Post Training Treatment	Banamine 10cc IV

All entries must be complete and legible. Incomplete or illegible records will not be accepted. VI 09/01/20

11-7



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian: Dr. Ted MAZZARISI

Trainer/Client: PETE ENGBLOM

Horse: COOLEVILLE

Return form to:
 N.Y.S. Gaming Commission
 One Broadway Center
 Schenectady, N.Y. 12305

Telephone: 518-388-3400
 Facsimile: 518-388-3403
 Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment, Drug Administered, Dose & Route of Transmission
			<u>NO TREATMENTS</u>

All entries must be complete and legible. Incomplete or illegible records will not be accepted. 01/09/02/20

11-8



Gaming Commission

Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance with Commission Rules 4012.4 and 4120.9

Veterinarian <i>Janet Durso DVM</i>		Return form to:	Telephone: 518-388-3400
Trainer/Client <i>Ray Schnitker</i>		N.Y.S. Gaming Commission One Broadway Center Schenectady, N.Y. 12305	Facsimile: 518-388-3403
Horse <i>HOLT HANOVER</i>			Email: info@gaming.ny.gov

Date	Time	Diagnosis	Treatment: Drug Administered, Dose & Route of Transmission

*NO XRP
FOLLOW UP*