150-Day Layoff Report

Parx Racing

Approved (Y/N): ____

Date: _____

Initials: _____

Trainers must complete this form for any horse* that has not raced for 150 days or more. The form shall be submitted to Dr. Shari Silverman, shsilverma@pa.gov, 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. *Does not apply to first-time starters. **This requirement may be waived by Dr. Silverman.**

Horse Name/Tattoo or Microchip #: _____

Horse's Age: _____ First-Time Starter (Y/N): _____ Date/Track of Last Race: _____

Planned Date/Track of Entry: _____

Owner: _____ Phone/Email: _____

Trainer: _____ Phone/Email: _____

Primary Veterinarian: _____ Phone/Email: _____

Reason for layoff (MUST BE COMPLETED): _____

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 <u>ever</u> 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.

Signature: _____

Submitted by (print name/title/date): _____

For Official Use Only:

• Additional Layoffs of 60 or More Days	Yes ☐	No ☐	
• Surgery Discharge Documents	Yes ☐	No ☐	NA ☐
• Diagnostic Reports	Yes ☐	No ☐	NA ☐
• Intra-articular and Joint Injection Reports	Yes ☐	No ☐	NA ☐
• Anabolic Steroid Treatment	Yes ☐	No ☐	NA ☐
• Additional Medical History Since Report	Yes ☐	No ☐	
• Workout History	Yes ☐	No ☐	
• Past Performance History	Yes ☐	No ☐	
• Exam History from InCompass	Yes ☐	No ☐	
• Examination Required	Yes ☐	No ☐	
• Observed Workout/Blood Test Required	Yes ☐	No ☐	
• Approved for Entry	Yes ☐	No ☐	Date: _____

Approved by (Print/Sign): _____