



ADMINISTRATIVE POLICY NOTICE SHRC - No. 2020-5.

SUBJECT: 150 Day Layoff Report

EFFECTIVE DATE: October 26, 2020.

RE: Best Practices and Procedures for utilization of the 150 Day Layoff Report:

WHEREAS, the State Horse Racing Commission (“Commission”) as established by §9311 (a) of the Race Horse Industry Reform Act (3 Pa. C. S. §9311 (a)) has general jurisdiction and regulatory authority over pari-mutuel wagering and racing activities and all licensed persons engaged in pari-mutuel horse racing activities.

WHEREAS, consistent with the provisions of 7 Pa. Code §305.203 of the Commission’s regulations, the Commission Veterinarian is authorized to utilize the 150 Day Layoff Report.

WHEREAS, on July 28, 2020 the Commission unanimously adopted the proposed protocol and procedures to be used by Commission Veterinarians at all thoroughbred licensed racing facilities for the utilization of the 150 Day Layoff Report. This form is intended to be consistent with the Commission’s regulations and not intended to supersede those provisions.

NOW THEREFORE: The Commission hereby adopts the following uniform standard for utilization of the 150 Day Layoff Report.

Utilization of the 150 Day Layoff Report:

Purpose: To adopt uniform standards that follow the Commission’s regulations and the ARCI Model Rule for maintaining the 150 Day Layoff Report. The Commission Veterinarian shall maintain the form and use the report to assist in determining the health and welfare of any horse and its fitness for racing.

/S/ Thomas Chuckas

Thomas Chuckas, Jr., Director
Thoroughbred Horse Racing Bureau
Pennsylvania State Horse Racing Commission

Date: October 8, 2020

Commissioners:

Sec. Russell Redding
Darryl Breniser
Salvatore M. DeBunda

Dr. John Egloff
Thomas Jay Ellis
Russell B. Jones

Robert F. Lark
C. Edward Rogers
Michele C. Ruddy

Dr. Corinne R. Sweeney



150-Day Layoff Report

Parx Racing

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 #: _____ Today's Date: _____

Date/Track of Last Race: _____ Planned Date/Track of Entry: _____

Owner: _____ Phone/Email: _____

Trainer: _____ Phone/Email: _____

Primary Veterinarian: _____ Phone/Email: _____

Reason for layoff: _____

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 ever 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/Signature): _____