

# Layoff Report

**THE TRAINER OR TRAINER'S DESIGNEE OF ANY COVERED HORSE THAT HAS NOT RACED FOR 150 OR MORE DAYS SHALL COMPLETE AND SUBMIT PRIOR TO ENTRY PURSUANT TO HISA 2142(a).**

<b>HORSE</b>	NAME:	HISA ID:
<b>DESIGNATED OWNER</b>	NAME:	HISA ID:
<b>RESPONSIBLE PERSON</b>	NAME:	HISA ID:
<b>TREATING VET</b>	NAME:	HISA ID:
<b>HORSE LOCATION:</b>		

### REASON FOR LAYOFF

<b>LAST RACE</b>	TRACK:	DATE:
<b>PLANNED ENTRY (NONE PLANNED <input type="checkbox"/>)</b>	TRACK:	DATE:

### REASON FOR LAYOFF

### MEDICAL TREATMENT

Is the horse on any medication, including trainer or veterinary administrations?      Yes       No

List all current medications/treatments and applicable diagnoses.

### Intra-articular joint injections performed since last race

Veterinarian	Date	Details (Body Part & Medication)

### SURGERIES & PROCEDURES

Was surgery performed on this horse during the layoff? Yes  No

If yes, provide the date, type of surgery and veterinarian.

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.

Notes

To the best of my knowledge, the information provided is accurate and up to date.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_