



MAINE STATE HARNESS RACING COMMISSION
ELIGIBILITY FOR THE ADMINISTRATION OF FUROSEMIDE

NAME OF HORSE	TATTOO/FREEZE/BRAND	SEX	COLOR
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On _____ the above-named horse observed bleeding
date

- By clinical observation and/or endoscopic examination
- From the nostrils
- Both by visual observation and by clinical and/or endoscopic examination

Observed bleeding occurred at _____
Name of track or training center

Observed bleeding occurred during – following The _____ race A training workout
Race number

Within Maine Outside Maine at _____
NAME OF STATE

Veterinarian (print) _____ Veterinarian (signature)

- Attending veterinarian (Maine State Harness Racing Commission licensed)
- Association veterinarian
- Official State veterinarian

As per rule Chapter 11, Section 4.2, I hereby elect to place the above-named horse on the Furosemide list. I understand that while my horse races on Furosemide, I must have a licensed veterinarian administer Furosemide three (3) to four (4) hours prior to the race on the grounds of a licensed racetrack. Furthermore, I will not discontinue the use of Furosemide without prior approval of the State/Association or veterinarian and the Presiding or Associate Judge.

TRAINER (print) _____ DATE _____ TRAINER (signature)

For Administrative Use Only

Prior bleeder: ____ YES ____ NO Last race date Furosemide administered: _____ Track _____

Date eligible to race in Maine on Furosemide: _____

MSHRC OFFICIAL (print) _____ DATE _____ MSHRC OFFICIAL (signature)