

## Ohio State Racing Commission – Fair Furosemide Report

Track	Race Number	Date	Location administered (Fair or other location)	
Name of Horse	Tattoo/Microchip Number	Amount of Furosemide Administered and side of Administration		Time of Administration (include am or pm)
Name of Trainer		Date and Time Report Filed at Race Secretary's Office at Fair		
Name of Owner (optional)	Signature and OSRC License Number of Security Guard		Signature of Racing Secretary or Authorized Agent at Fair	

I certify I am licensed as a practicing veterinarian by the Ohio State Racing Commission and information provided is true and correct to the best of my knowledge and belief.

Veterinarian's Ohio Racing Commission License Number	Signature of Administering Veterinarian	Print or Stamp Name of Administering Veterinarian
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