



Ohio State Racing Commission
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Mike DeWine
Governor

Scott Borgemenke
Chairman

Veterinarian Certification of Furosemide-Eligible Horse

Complete this form when declaring a horse furosemide-eligible for the first time, or when a horse is placed back on furosemide after being removed from furosemide for over thirty consecutive days.

The undersigned licensed veterinarian hereby certifies that the horse named below was personally observed by me, and the horse meets the requirements of a Furosemide-eligible horse in 3769-8-01 or 3769-18-01.

| | | | |
|--|-----------------|-------------------------------------|---------------------------------|
| Name of Horse | | Name of Trainer | |
| Date Issued | Vet Cell Number | | License # and State issued from |
| Vet Email address | | HISA Registration number (TB only) | |
| Printed Name of Examining Veterinarian | | Signature of Examining Veterinarian | |