



### Recommendation of Veterinary Scratch

Today's Date: \_\_\_\_\_

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

Race #: \_\_\_\_\_

Horse Stabled At: \_\_\_\_\_

Trainer: \_\_\_\_\_

Horse: \_\_\_\_\_

Clinical Findings:      **NORMAL**      **FEBRILE**      **COLIC**      **INJURED**      **UNSOUND**      **OTHER**

(INJURED is considered: laceration, tied up or abscess: UNSOUND is considered-unknown lameness or fracture

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provisional Diagnosis: \_\_\_\_\_

Treatments and Times Administered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Pathology:      **NONE**      **CBC**      **BLOOD CHEMISTRY**      **OTHER**

I HAVE EXAMINED THE ABOVE REFERENCED HORSE. In professional opinion the horse is unfit to the race. I advise the horse be granted a veterinary scratch.

Attending Veterinarian: Name & Phone Number: \_\_\_\_\_

Attending Veterinarian Signature: \_\_\_\_\_

**Belmont/Aqueduct Stewards Fax: 516-325-2379**

**E-mail: Copies of this sheet may be scanned and sent to: [veterinaryscratches@nyrainc.com](mailto:veterinaryscratches@nyrainc.com)**

**Veterinary Scratch-Line: 516-325-2386**