



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: _____

E-mail: Copies of this sheet may be scanned and sent to: veterinaryscratches@nyrainc.com

Veterinary Scratch-Line: 516-325-2386

Fax Line: 516-325-2379