



## Veterinary Treatment Record Form VR1A

Use of this Form is recommended to assure compliance  
with Commission Rules 4012.4 and 4120.9

|                       |  |                                  |
|-----------------------|--|----------------------------------|
| <b>Veterinarian</b>   | <b>Return form to:</b><br><br>N.Y.S. Gaming Commission<br>One Broadway Center<br>Schenectady, N.Y. 12305 | <b>Telephone:</b> 518-388-3400   |
| <b>Trainer/Client</b> |  | <b>Facsimile:</b> 518-388-3403   |
| <b>Horse</b>          |  | <b>Email:</b> info@gaming.ny.gov |

| Date | Time | Diagnosis | Treatment: Drug Administered, Dose & Route of Transmission |
|------|------|-----------|--|
|      |      |           |  |
|      |      |           |  |
|      |      |           |  |
|      |      |           |  |
|      |      |           |  |
|      |      |           |  |
|      |      |           |  |
|      |      |           |  |