

# Layoff Report

**THE TRAINER OR TRAINER'S DESIGNEE OF ANY COVERED HORSE THAT HAS NOT RACED FOR 150 OR MORE DAYS SHALL COMPLETE AND SUBMIT PRIOR TO ENTRY PURSUANT TO HISA 2142(a).**

<b>HORSE</b>	NAME:	HISA ID:
<b>DESIGNATED OWNER</b>	NAME:	HISA ID:
<b>RESPONSIBLE PERSON</b>	NAME:	HISA ID:
<b>TREATING VET</b>	NAME:	HISA ID:
<b>HORSE LOCATION:</b>		

### REASON FOR LAYOFF

<b>LAST RACE</b>	TRACK:	DATE:
<b>PLANNED ENTRY (NONE PLANNED )</b>	TRACK:	DATE:

REASON FOR LAYOFF

### MEDICAL TREATMENT

Is the horse on any medication, including trainer or veterinary administrations?	Yes	No
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List all current medications/treatments and applicable diagnoses.

### Intra-articular joint injections performed since last race

Veterinarian	Date	Details (Body Part & Medication)

<b>SURGERIES &amp; PROCEDURES</b>		
Was surgery performed on this horse during the layoff?	Yes	No
<u>If yes, provide the date, type of surgery and veterinarian.</u>		
Has the horse been treated with shockwave therapy since its last race?	Yes	No
<u>If yes, provide the veterinarian, dates and the area of the horse's body treated for all treatments.</u>		
<u>Notes</u>		

To the best of my knowledge, the information provided is accurate and up to date.

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_