



REQUEST FOR PHENYLBUTAZONE FORM

NEW HAMPSHIRE PARI-MUTUEL COMMISSION

244 North Main Street
Concord, NH. 03301-5041
(603) 271-2158 Fax (603) 271-3381
<http://www.nh.gov/nhpmc>

Date Filed _____

Trainer _____ hereby certifies that the horse(s)
(PLEASE PRINT)

listed below are being administered Phenylbutazone pursuant to Rule Ra 412.15 and will continue to remain on this program until the PARI-MUTUEL COMMISSION is notified in writing that the treatment has terminated. The trainer who signs this form states that he is aware of and is responsible for these undertakings.

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

VETERINARIAN

SIGNATURE OF TRAINER