STATE OF CALIFORNIA
CALIFORNIA HORSE RACING BOARD
CHRB-245 (12/19)

CLAIMED HORSE HEALTH RECORD

(Completed by Official Veterinarian)

Horse Name: _____ **Previous CHRB Trainer:**_____

Claiming Race Date: _____ **Track:** _____ **Vet's List History:** ☐ **Yes** ☐ **No**

Vet's List as Unsound or Bled in last 12 months: ☐ **Yes** ☐ **No**

(Completed by Previous CHRB Licensed Attending Veterinarian)

Joint Therapy (previous 60 days): ☐ **Yes** ☐ **No**

Date	Location	Structure/Joint	Medication (Combos)	Medication (Single)

Immunizations (use date to confirm)

Influenza/EHV _____ **TT** _____ **WNV** _____

De-worming: ☐ Yes ☐ No Choose one Date: _____

Tie Up History: ☐ Yes ☐ No Medication: _____

Surgery History: ☐ Yes ☐ No Details: _____

EPM History: ☐ Yes ☐ No Treatment: _____

EIPH: ☐ Yes ☐ No Furosemide dose:

Colic History: ☐ Yes ☐ No Details: _____

Bisphosphonates ☐ Yes ☐ No Date: _____

Other Pertinent Medical History: _____

Veterinarian: _____

Patient History Dates from: _____

By: _____ Date: _____

(Veterinarian Signature)