AUTHORIZED BLEEDER MEDICATION AND MEDICAL HISTORY REQUEST

CHRB – 194 (Rev. 01/16)

HORSES NAME:_____

TATTOO:_____ BREED:_____DATE:_____

TRAINERS NAME:_____

( ) Request that the horse listed above be **placed** on the Authorized Bleeder Medication List and be treated pursuant to California Horse Racing Board Rules and Regulations. Article 15. Section 1845.

( ) Request that the horse listed above be **removed** from the Authorized Bleeder Medication List pursuant to California Horse Racing Board Rules and Regulations. Article 15. Section 1845.

VETERINARIAN SIGNATURE:_____

TRAINERS SIGNATURE:_____

APPROVED BY:_____ DATE RECEIVED:_____
(Official Veterinarian)

Medical history relevant to the administration of authorized bleeder medication for the horse listed above: _____