State of California

California Horse Racing Board

CHRB-161 (rev 9/20)

30-Day Veterinary Treatment Record

Name of Horse:_____ **Trainer:**_____

Treating Veterinarian:_____

Anticipated Race/Vet's List Work Date:_____

Trainer's Contact Info:_____

Vet's Contact Info:_____

Date	Time	Treatment, Diagnostic or Procedure Performed	Medication/Substance Administered	Route/Dose

Make copies of this form if needed for additional veterinary treatment entries