



DELAWARE DEPARTMENT OF AGRICULTURE

Delaware Thoroughbred Racing Commission

Date of Submission:
\_\_\_\_/\_\_\_\_/20\_\_\_\_

150 Day Lay-Off Report

Trainers must complete this form for any horse (not first time starters) that has not raced for 150 days or more. The form shall be submitted to Dr. Annie Renzetti (annie.renzetti@delaware.gov) at least 30 days\* prior to entry. Once approved, this form is valid for 60 days from the date of submission. (\*This requirement may be waived by Dr. Renzetti)

Horse Name: \_\_\_\_\_ Microchip#: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Date/Track of Last Race: \_\_\_\_\_ Planned date/track of Entry: \_\_\_\_\_

Trainer: \_\_\_\_\_ Ph#: \_\_\_\_\_

Private Vet: \_\_\_\_\_ Ph#: \_\_\_\_\_

Primary Reason for Layoff: \_\_\_\_\_

How long has the horse been in your care? \_\_\_\_\_

If less than 30days – previous trainer: \_\_\_\_\_

Was surgery performed during layoff? Y / N

If yes, Date/type of surgery and Veterinarian: \_\_\_\_\_

Has this horse ever been treated with bisphosphonates (e.g., Tildren, Osphos)? Y / N

Is this horse currently on any medication (including trainer/veterinary administrations)? Y / N

List all current medications/treatments/diagnosis:
(If more space needed – please write on back of this sheet)

Has the horse been treated with Shockwave therapy since its last race? Y / N

If Yes, Date of last treatment and area of body treated: \_\_\_\_\_

Diagnostic Tests since last race (date and results): \_\_\_\_\_
(If more space needed – please write on back of this sheet)

Intra-articular injections since last race (date/location/medication):

\_\_\_\_\_
(If more space needed – please write on back of this sheet)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Submitted by (print name, title)