



COMMONWEALTH of VIRGINIA
Virginia Racing Commission

Request to Work off Vet's List Form
(Must be submitted a minimum of 48 hrs prior to work)

Name of Horse: _____

Identification Number (Chip or Tattoo): _____

The above horse has been evaluated by Trainer (print) _____ and

Attending Veterinarian (print) _____ on (date) _____ at

the jog and on physical exam, has been determined to be sound for work.

Trainer signature: _____

Attending Vet signature: _____ Date: _____

Below information to be filled out by Regulatory Veterinarian

Date of Work: _____

Distance of Work: _____

Time of Work: _____

Reason for Work:

- 4yo Non-Starter
- Hasn't raced within 365 days
- On the Vet's List (date and reason) _____

Regulatory Veterinarian Evaluation:

- | | |
|---|--|
| <input type="checkbox"/> Passed Physical Exam | <input type="checkbox"/> Failed physical exam |
| <input type="checkbox"/> Met time requirement | <input type="checkbox"/> Failed time requirement |
| <input type="checkbox"/> Blood Drawn: _____ | |

Date extended to be removed from Vet's List: _____

Additional Comments: _____

Date removed from Vet's List: _____

Regulatory Veterinarian: _____

Revised 1/23/2025

**A WORK WILL NOT BE SCHEDULED UNLESS THIS FORM IS COMPLETED IN FULL TO
THE SATISFACTION OF THE REGULATORY VETERINARIAN**