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|  | **MAINE STATE HARNESS RACING COMMISSION** |
| **REQUEST TO DISCONTINUE FOROSEMIDE** |
|  |
| DATE: |  |  |
|  |  |
| NAME OF HORSE | SEX | COLOR | TATTOO# |
|  |
| TRAINER (print) |  | TRAINER (signature) |
|  |  |  |
| I HEREBY ELECT TO TAKE THE ABOVE-NAMED HORSE OFF THE FUROSEMIDE LIST. I UNDERSTAND THAT ONCE THE HORSE IS REMOVED FROM SAID LIST, THE HORSE MAY NOT BE PLACED BACK ON WITHOUT MEETING THE REQUIREMENTS SET FORTH IN COMMISSION RULE CHAPTER 11, SECTION 4.2. |
|  |
| ASSOCIATION VETERINARIAN (signature) | OR | STATE VETERINARIAN (signature) |
|  |  |  |
| STEWARD (signature) | OR | PRESIDING JUDGE (signature) |