STATE OF CALIFORNIA
CALIFORNIA HORSE RACING BOARD
CHRB-194 (REV. 1/16)

AUTHORIZED BLEEDER MEDICATION AND MEDICAL HISTORY REQUEST

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:_____
(Official Veterinarian)

DATE RECEIVED:_____

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