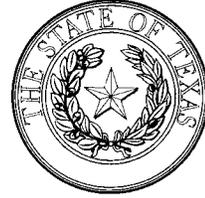


TEXAS RACING COMMISSION

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SAFETY AND MEDICATION WORKING GROUP

Tuesday, September 10, 2013
11:00 a.m.

Lone Star Park at Grand Prairie
1000 Lone Star Parkway
Grand Prairie, Texas 75050

Agenda

The Safety and Medication Working Group will meet to discuss the following items.

Implementation of ARCI's Schedule of Controlled Therapeutic Substances. This item will include discussions of:

- whether to permit the use of the non-steroidal inflammatory drugs ketoprofen and flunixin;
- whether to permit the use of special instance therapeutic medications; and
- whether to modify the entry date to allow more time between an entry and the race day.

Administration of Furosemide. This item will include a discussion of whether to require that furosemide be administered only by racetrack-secured veterinarians.

Claiming Rule. This item will include a discussion of whether to modify the claiming rules to void a claim in the case of death or injury during the race or in the case of a positive drug test.

Veterinary Policies and Procedures. This item will include discussions of:

- pre-race examination procedures;
- management of racing emergencies, including catastrophic injuries; and
- necropsies.

Electronic Submission of Veterinary Records. This item will include a discussion of preliminary proposals to require veterinarians to electronically submit treatment records to the Commission.

Implementation of ARCI's Schedule of Controlled Therapeutic Substances

COMPARISON OF CURRENT TEXAS AND RCI POLICIES ON CONTROLLED THERAPEUTIC MEDICATIONS

Substance	Texas		RCI			TX & RCI aligned?
	Threshold	Threshold	Threshold	Dosing Specifications	Withdrawal Recommendation	
16β-hydroxy-stanozolol	1 ng/mL of urine	1 ng/mL of urine	1 ng/mL of urine	n/a	n/a	Yes
Boldenone	15 ng/mL of urine in male horses other than geldings	15 ng/mL of urine in male horses other than geldings	15 ng/mL of urine in male horses other than geldings	n/a	n/a	Yes
Nandrolone	1 ng/mL of urine in geldings, fillies, and mares	1 ng/mL of urine in geldings, fillies, and mares	1 ng/mL of urine in geldings, fillies, and mares	n/a	n/a	Yes
Testosterone	20 ng/mL of urine in geldings 55 ng/mL of urine in fillies and mares	20 ng/mL of urine in geldings 55 ng/mL of urine in fillies and mares	20 ng/mL of urine in geldings 55 ng/mL of urine in fillies and mares	n/a	n/a	Yes
Betamethasone /Betasone	10 pg/mL of plasma or serum	10 pg/mL of plasma or serum	10 pg/mL of plasma or serum	IA administration of 9 mg of Betamethasone Sodium Phosphate and Betamethasone Acetate Injectable Suspension, USP (No intramuscular administration)	7 days	Yes
Clenbuterol/ Ventipulmin	140 pg/mL of urine	140 pg/mL of urine or LOD in plasma or serum	140 pg/mL of urine or LOD in plasma or serum	Oral administration of clenbuterol as Ventipulmin® syrup (Boehringer-Ingelheim Vetmedica Inc., NADA 140-973) at 0.8 mcg/kg twice a day	14 days	Yes
Dantrolene	100 pg/mL in plasma or serum	100 pg/mL 5-hydroxydantrolene in plasma or serum	100 pg/mL 5-hydroxydantrolene in plasma or serum	Oral administration of 500 mg of dantrolene as paste (compounding pharmacy) or capsule formulation	48 hours	Yes
Dexamethasone	5 pg/mL of plasma or serum	5 pg/mL of plasma or serum	5 pg/mL of plasma or serum	IM and IV administration of dexamethasone sodium phosphate or oral administration of dexamethasone at 0.05 mg/kg, regardless of route	72 hours	Yes

COMPARISON OF CURRENT TEXAS AND RCI POLICIES ON CONTROLLED THERAPEUTIC MEDICATIONS

Substance	Texas		RCI			TX & RCI aligned?
	Threshold	Threshold	Threshold	Dosing Specifications	Withdrawal Recommendation	
Diclofenac	5 ng/mL of plasma or serum	5 ng/mL of plasma or serum	5 ng/mL of plasma or serum	Five inch ribbon topical application of 1% diclofenac liposomal cream formulation	48 hours	Yes
DMSO	10 mcg/mL of plasma or serum	10 mcg/mL of plasma or serum	10 mcg/mL of plasma or serum	Oral or IV	48 hours	Yes
Firocoxib	20 ng/mL of plasma or serum	20 ng/mL of plasma or serum	20 ng/mL of plasma or serum	Oral administration of firocoxib as EQUIOXX oral paste at a daily dose of 0.1 mg/kg for four days	14 days	Yes
Furosemide	Less than 100 ng/mL of serum	100 ng/mL of plasma or serum	100 ng/mL of plasma or serum	Single IV dose of furosemide up to 500 mg	4 hours	Yes
Glycopyrrolate	3 pg/mL of plasma or serum	3 pg/mL of plasma or serum	3 pg/mL of plasma or serum	Single IV dose of 1 mg of glycopyrrolate as Glycopyrrolate Injection, USP	48 hours	Yes
Methocarbamol	1 ng/mL of plasma or serum	1 ng/mL of plasma or serum	1 ng/mL of plasma or serum	Single IV dose of 15 mg/kg methocarbamol as Robaxin® or 5 grams orally	48 hours	Yes
Methylprednisolone	100pg/mL in plasma or serum	100pg/mL in plasma or serum	100pg/mL in plasma or serum	Total dose of Methylprednisolone acetate suspension in one articular space. The recommended withdrawal for methylprednisolone acetate is a minimum of 21 days at a 100mg dose. (No intramuscular administration)	7 days	Yes
Omeprazole	1 ng/mL of urine	1 ng/mL of urine	1 ng/mL of urine	Single oral dose of omeprazole as Gastrogard® at 3.9 mg/kg	24 hours	Yes
Phenylbutazone	2 mcg/mL of plasma or serum	2 mcg/mL of plasma or serum	2 mcg/mL of plasma or serum	Single IV dose of phenylbutazone at 2.2 mg/kg (Secondary anti-stacking threshold: 0.3 mcg/mL of plasma (Administration 48 hours prior))	24 hours	Yes

COMPARISON OF CURRENT TEXAS AND RCI POLICIES ON CONTROLLED THERAPEUTIC MEDICATIONS

Substance	Texas		RCI			TX & RCI aligned?
	Threshold	Threshold	Threshold	Dosing Specifications	Withdrawal Recommendation	
Flunixin	n/a		20 ng/mL of plasma or serum	Single IV dose of flunixin as Banamine® (flunixin meglumine) at 1.1 mg/kg (Secondary anti-stacking threshold: 3.0 ng/mL in plasma)	24 hours	No
Ketoprofen	n/a		10 ng/mL of plasma or serum	Single IV dose of ketoprofen as Ketofen® at 2.2 mg/kg	24 hours	No
Acetpromazine	n/a		10 ng/mL HEPS in urine	Single IV dose at .05 mg/kg	48 hours	No
Butorphanol	n/a		300 ng/mL of total butorphanol in urine or 2 ng/mL of free butorphanol in plasma	Single IV dose of butorphanol as Torbugesic® (butorphanol tartrate) at 0.1 mg/kg	48 hours	No
Detomidine	n/a		1 ng/mL of carboxydetomidine in urine; LOD for detomidine in plasma	Single sublingual dose detomidine (Domosedan® gel at 40 mcg/kg)	72 hours	No
Lidocaine	n/a		20 pg/mL of total 30H-lidocaine in plasma	200 mg of lidocaine as its hydrochloride salt administered subcutaneously	72 hours	No
Mepivacaine	n/a		10 ng/mL total hydroxymepivacaine in urine or above LOD of mepivacaine in plasma	Single 0.07 mg/kg subcutaneous dose of mepivacaine	72 hours	No
Prednisolone	n/a		1 ng/mL serum or plasma	1 mg/kg orally	48 hours	No
Procaine penicillin	n/a		25 ng/mL Plasma (administration must be reported to Commission)	Intramuscular (mandatory surveillance of horse at owner's expense 6 hours before racing)	Following entry to race	No
Triamcinolone acetonide	50 pg/mL of plasma or serum		100 pg/mL of plasma or serum	Total dose of 9mg in one articular space (no intramuscular administration)	7 days	No
Xylazine	n/a		0.01 ng/mg of plasma or serum	IV	48 hours	No

**TEXAS RACING COMMISSION
COMMITTEE ON RULES**

Date of Request: _____

***Request for Proposed Change to an Existing Rule or
Addition of a New Rule to the Rules of Racing***

Please submit this information to the attention of the Executive Director *at least 14 days* in advance of the next scheduled Committee on Rules meeting. An electronic form is available to assist in your submission or feel free to add additional pages as necessary in order to provide as much detail as possible. Filing this request does not guarantee that your proposal will be considered by the Committee on Rules.

Texas Racing Commission
8505 Cross Park Drive, Suite 110
Austin, TX 78754-4552
Phone: 512/833-6699 Fax: 512-833-6907
email: info@txrc.state.tx.us

Contact Information:

Name:	TxRC Staff	Phone(s):	512-833-6699
E-mail address:		Fax number:	512-833-6907
Mailing address:	8505 Cross Park, Suite 110, Austin, TX 78754-4552		

Check appropriate box(s)

Personal Submission *OR*

Submission on behalf of TxRC Staff
(Name of Organization)

If known, Proposed Change to Chapter: Chapter: 319 Rule: 319.3

If known, Proposed Addition to Chapter: Chapter: _____ Rule: _____

If known, Other Rules Affected by Proposal: Chapter: _____ Rule: _____

Chapter: _____ Rule: _____

Chapter: _____ Rule: _____

Chapter: _____ Rule: _____

A. Brief Description of the Issue

The national racing industry, led by the Jockey Club, the Racing Medication and Testing Consortium (RMTC), and the Association of Racing Commissioners International (ARCI), is moving towards uniform standards for medications and penalties. These uniform standards promote regulatory consistency across the country and reduce confusion among trainers and owners.

In order to adopt the national standards relating to nonsteroidal anti-inflammatory drugs (NSAIDs), the Commission's rules will require amendment.

B. Discussion of the Issue and Problem

The Drug Testing Standards and Practices Program of the Association of Racing Commissioners International (ARCI) has recently modified its Uniform Classification Guidelines and Recommended Penalties to include thresholds for seventeen commonly used therapeutic medications. In addition, ARCI is considering seven other medications for inclusion on a schedule of "Special Instance" therapeutic substances used in emergency, infectious disease, or acute injury related situations. Use of these special instance medications would require disclosure and increased pre-race veterinary scrutiny.

Executive Director Trout has already adopted most of the guidelines through his authority to promulgate drug classifications and enforcement guidelines under Rules 303.8 and 319.304, and his authority under Rule 319.3(d) to establish thresholds for *trace* levels of therapeutic drugs. However, three of the permissible drugs on ARCI's list are NSAIDs that leave more than trace levels in a horse's system. These NSAIDs are phenylbutazone, ketoprofen, and flunixin. While ARCI's thresholds for these medications are more than trace levels, ARCI has determined that the levels are low enough that they should not interfere with the pre-race inspection or alter the outcome of a race.

Commission Rule 319.3(b) currently provides that the maximum permissible concentration of phenylbutazone in a horse's serum or urine is 2.0 micrograms per milliliter. This level was lowered by the Commission from the previous standard of 5.0 micrograms per milliliter after ARCI lowered its recommended threshold level in 2011.

The Commission's rules do not permit any level of ketoprofen or flunixin to be found in a horse's body. ARCI's recommended threshold for ketoprofen is 10 nanograms per milliliter of plasma or serum and the recommended threshold for flunixin is 20 nanograms per milliliter of plasma or serum. In addition, ARCI sets out lower thresholds for phenylbutazone and flunixin if they are found in conjunction with other NSAIDs, along with higher penalties if those thresholds are violated.

C. Possible Solutions and Impact

The Commission could delete subsection (b) of Rule 319.3 and amend Rule 319.3(d) to strike the word "trace." This would allow the executive director to set thresholds for any therapeutic medication, regardless of whether the amount constituted a trace level.

By allowing the executive director greater latitude in setting threshold levels for therapeutic medications, the Commission will be able to more quickly adopt any changes that ARCI makes to its recommendations.

Adopting the ARCI standards would also establish thresholds for ketoprofen and flunixin. However, if two or more NSAIDs are used in conjunction (stacked) and appear in the post-race test, ARCI's guidelines call for heavy penalties. To compare:

- the standard penalty for a first phenylbutazone violation (in a concentration of 2.1 to 9.9 mcg/ml) is a \$250 fine, with no suspension or loss of purse;
- the standard penalty for a first stacking violation (the presence of more than one of the three approved NSAIDs, with the exception of Phenylbutazone in a concentration below 0.3 mcg/ml) is a minimum \$500 fine, 15 day suspension and loss of purse.

D. Support or Opposition

ARCI's model thresholds for therapeutic medications were initially proposed by the Racing Medication and Testing Consortium after consultation with the American Association of Equine Practitioners and The Jockey Club. These thresholds have been adopted by eight states: New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, West Virginia, and Massachusetts.

However, at the Commission's Safety and Medication Committee meeting in 2006, staff raised the topic of implementing thresholds for ketoprofen and flunixin, along with the heavier penalties for stacking. Many attendees preferred leaving phenylbutazone as only permissible NSAID in order to avoid the risk of inadvertent stacking violations.

E. Proposal

RULE 319.3. MEDICATION RESTRICTED

(a) Except as otherwise provided by this section, a horse or greyhound participating in a race may not carry in its body a prohibited drug, chemical, or other substance.

~~(b) The maximum permissible plasma or serum concentration of phenylbutazone in horses is 2.0 micrograms per milliliter.~~

~~(b)(e)~~ Furosemide at or below the approved tolerance level in a horse that has been admitted to the furosemide program is permissible. The approved tolerance level shall be published on the list of therapeutic drugs posted under subsection (d) of this section.

~~(c)(d)~~ Levels ~~Trace levels~~ of drugs which are therapeutic and necessary for treatment of illness or injury in race animals are permissible, provided:

(1) the therapeutic drug is on a written list approved by the executive secretary, maintained by the commission veterinarian, and posted in the commission veterinarians' office; and

(2) the maximum permissible urine or blood concentration of the drug does not exceed the published limit, if any, on the written list of therapeutic drugs.

(d)~~(e)~~ Except as otherwise provided by this chapter, a person may not administer or cause to be administered to a horse or greyhound a prohibited drug, chemical, or other substance, by injection, by oral or topical administration, by rectal infusion or suppository, by nasogastric intubation, or by inhalation, and any other means during the 24-hour period before the post time for the race in which the animal is entered.

(e)~~(f)~~ A positive finding by a chemist of a prohibited drug, chemical, or other substance in a test specimen of a horse or greyhound collected before or after the running of a race, subject to the rules of the commission relating to split specimens, is prima facie evidence that the prohibited drug, chemical, or other substance was administered to the animal and was carried in the body of the animal while participating in a race.

Administration of Furosemide

ARCI Model Rule 011-020 Medications and Prohibited Substances

F. Furosemide

...

(2) The use of furosemide shall be permitted under the following circumstances on association grounds where a detention barn is utilized:

(a) Furosemide shall be administered by the official veterinarian, the racing veterinarian or his/her designee no less than four hours prior to post time for the race for which the horse is entered.

(b) Any veterinarian or vet techs participating in the administration process must be prohibited from working as private veterinarians or technicians on the race track or with participating licensees;

(c) A horse qualified for furosemide administration must be brought to the detention barn within time to comply with the four-hour administration requirement specified above.

(d) The dose administered shall not exceed 500 mg. nor be less than 150 mg.

(e) Furosemide shall be administered by a single, intravenous injection.

(f) After treatment, the horse shall be required by the Commission to remain in the detention barn in the care, custody and control of its trainer or the trainer's designated representative under association and/or Commission security supervision until called to the saddling paddock.

(3) The use of furosemide shall be permitted under the following circumstances on association grounds where a detention barn is not utilized:

(a) Furosemide shall be administered by the official veterinarian, the racing veterinarian or his/her designee no less than four hours prior to post time for the race for which the horse is entered.

(b) Any veterinarian or vet techs participating in the administration process must be prohibited from working as private veterinarians or technicians on the race track on or with participating licensees;

(c) The furosemide dosage administered shall not exceed 500 mg. nor be less than 150 mg.

(d) Furosemide shall be administered by a single, intravenous injection.

(e) After treatment, the horse shall be required by the Commission to remain in the proximity of its stall in the care, custody and control of its trainer or the trainer's designated representative under general association and/or Commission security surveillance until called to the saddling paddock.

KENTUCKY HORSE RACING COMMISSION RULES

810 KAR 1:018. Medication; testing procedures; prohibited practices.

Section 6. Furosemide Use on Race Day.

(1) Furosemide may be administered, in accordance with this section, to a horse that is entered to compete in a race.

(2) (a) The commission veterinarian shall administer furosemide prior to a race.

(b) If the commission veterinarian is unavailable to administer furosemide to a horse prior to a race, the commission shall approve a licensed veterinarian to perform the administration. The approved licensed veterinarian shall agree to comply with all of the applicable administrative regulations regarding the administration of furosemide on race day.

(c) If the furosemide is administered by an approved licensed veterinarian, the administering veterinarian shall provide a written report to the commission veterinarian no later than two (2) hours prior to post time of the race in which the horse receiving the furosemide is competing.

(3) Furosemide may be used under the following circumstances:

(a) Furosemide shall be administered at a location under the jurisdiction of the commission, by a single intravenous injection, not less than four (4) hours prior to post time for the race in which the horse is entered.

(b) The furosemide dosage administered shall not exceed 500 mg, nor be less than 150 mg.

(c) The specific gravity of a post-race urine sample shall not be below 1.010. If the specific gravity of the post-race urine sample is determined to be below 1.010, a quantification of furosemide in blood serum or plasma shall be performed. If a horse fails to produce a urine specimen, the commission laboratory shall perform a quantification of furosemide in the blood serum or plasma specimen. Concentrations above 100 nanograms of furosemide per milliliter of blood serum or plasma shall constitute a violation of this section.

(4) The initial cost of administering the furosemide shall be twenty (20) dollars per administration. The commission shall monitor the costs associated with administering furosemide and consult with industry representatives to determine if the cost should be lowered based on prevailing veterinarian services and supplies. The commission shall maintain records documenting the basis for its determination, and if the cost is determined to be less than twenty (20) dollars per administration, then the commission shall lower the cost accordingly. The cost shall be prominently posted in the racing office.

BloodHorse.com / Horse Racing News

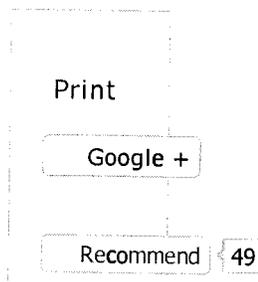
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KY Officials: New Drug Policy Is Working

By Tom LaMarra, @BH_TLaMarra

Updated: Wednesday, July 24, 2013 1:10 PM

Posted: Tuesday, July 23, 2013 3:51 PM



Regulatory administration of race-day anti-bleeding medication in Kentucky has provided a clearer picture of drug testing and produced added security benefits, officials said.

Kentucky Horse Racing Commission-authorized veterinarians began administering furosemide, also known as Salix or Lasix, on race day during the Keeneland fall meet in 2012. The policy was enacted as part of a broader medication-related executive order signed by Gov. Steve Beshear.

After several gaffes—horses receiving or not receiving Salix as listed in the program—at the Keeneland and Churchill Downs fall meets, the system has worked well, said Dr. Mary Scollay, equine medical director for the KHRC. And commission officials, after about nine months, have testing data for comparative purposes, she said.

Scollay and Dr. Rick Sams, who runs the HFL Sport Science drug testing lab, recently reviewed the program with *The Blood-Horse*. They showed test results that clearly indicate not only lower levels of Salix almost across the board, but a major reduction in "static"—other substances in the samples.

"In every case the distribution of the furosemide level was lower," Sams said. "There were no high values or outliers. I'm surprised the distribution (of values) is such a narrow range.

"This also has had an effect on TCO2 levels, because we know furosemide does affect TCO2. The values have been lower since regulatory vets began administering furosemide. It wasn't a big difference, but it's highly significant."

In post-race samples the Salix concentration dropped by about 30% at the Keeneland and Churchill meets this spring and summer. Officials said that could mean Salix was being administered up to an hour later by private vets, perhaps unintentionally because of busy work schedules.

Scollay noted the standard dose of Salix—a minimum of 3 ccs and a high of 10 ccs—hasn't changed since the policy was enacted last year. But regulatory vets encountered some trainers that requested the Salix shot be given in muscle, or they inquired about having other substances injected.

"Some of the things we have learned are some horsemen requested to have it in the muscle because the drug has a prolonged effect—but that's a violation of our regulations," Scollay said. "We also were asked for other things clearly not permitted by the regulations, such as vitamins. This all appeared to be standard procedure (before the policy change)."

"My seat-of-the-pants impression is there is less 'background' in the urine samples," Sams said. "That's probably a reflection of commission vets not administering stuff other vets were administering."

Scollay said an investigation last year at Ellis Park into race-day administration of substances other than Salix led regulators to find "profligate administration by injection of other substances such as magnesium sulfate and 'Carolina Gold.'" The latter is trade name for gamma-aminobutyric acid, or GABA, which is a relaxant that produces optimum results when given to a horse a few hours before a race.

GABA is banned by the United States Equestrian Federation. Like magnesium sulfate and hydrocortisone, also calming agents, GABA occurs naturally in horses and is rapidly eliminated. The industry continues to study the substances in the hope of eventually determining levels at which they naturally occur.

"One could argue these substances are performance-enhancing based on indirect effects such as calming a horse before it races," Scollay said. "But it's a very complex question. That's why we're not regulating them until we're confident a threshold has been established that is fair and safe."

"Not all drug samples fit nicely into the post-race sampling package," Scollay said, noting regulators may need to adjust sampling times to target specific substances.

The 2012 updated equine drug policy also brought to an end use of race-day adjunct bleeder medications such as aminocaproic acid and conjugated estrogens. Sams said the effect on test results has been noticeable.

"The drugs were given in huge doses about four hours before a race," he said. "We've seen these in urine sample extract. They created a broad peak that made it very difficult to see other stuff. That's all gone now."

Scollay said the KHRC also uses the testing information to identify "horses of interest," or those whose tests may show traces of multiple non-steroidal anti-inflammatory drugs. As for increased security, Scollay said just having more regulatory vets in or near stalls has provided another avenue for intelligence-gathering.

Dr. Dionne Benson, the Racing Medication and Testing Consortium executive director who has given race-day Salix to horses when needed in Kentucky, said the policy does have added benefits.

Benson said when she was a vet technician she would see private vets walk into stalls with four or five syringes per horse.

"If vets are really paying attention on the backside, you do have an extra level of security," Benson said. "They could spend eight or nine hours just walking around to administer (Salix). You have people around to know what horses are being injected. I was very skeptical before I saw it in action."

Kentucky is one of several states that require Salix administration by regulatory vets; the others are New York, Nevada, and North Dakota, according to the RMTTC. Of other states, Delaware requires an agent of the racing commission to give the shots; Indiana, Minnesota, and Wyoming allow private vets to do so but only under security supervision; and New Jersey, at Monmouth Park at least, requires third-party administration of the drug.

There is a recommendation in California for association or non-practicing vets to administer Salix, while Maryland could have a regulatory vet rule in place later this year. Pennsylvania is considering the policy, but one track—Hollywood Casino at Penn National Race Course—already used a third-party service to administer Salix.

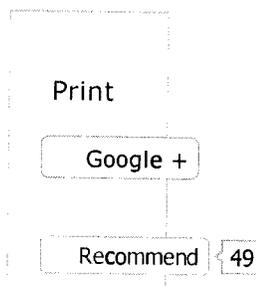
Chris McErlean, corporate vice president of racing for Penn National owner Penn National Gaming Inc., said the Pennsylvania track has employed a third-party service headed by Dr. Jay Baldwin for about a year. Baldwin services other tracks in the Mid-Atlantic region, including Delaware Park.

The policy came about as a byproduct of the track's agreement with local horsemen, McErlean said. Horsemen were unable to find private vets to stay at the track for race nights, so they struck a deal with management on a solution for Salix administration and regular vet services.

"We did it on our own," McErlean said. "The (Pennsylvania State Racing Commission) didn't have an issue with it as long as the rules were being followed. The private vets weren't necessarily happy about it but the horsemen saw it as a benefit.

"We've had a couple of hiccups here and there but nothing major; there have been a few tweaks to make it more efficient. And from the perception point of view, we were able to fall into the new national standards."

Major racing organizations that develop equine drug policy have said regulatory administration of Salix is a major part of medication reform.



Claiming Rule



**WELCOME TO THE
CALIFORNIA HORSE RACING BOARD**

Rule No.	Rule Title
1658	<p>Vesting of Title to Claimed Horse.</p> <p>(a) Title to a horse which is claimed shall be vested in the successful claimant from the time the field has been dispatched from the starting gate and the horse becomes a starter; and said successful claimant becomes the owner of the horse unless voided by the stewards under the provisions of this article Only a horse which is officially a starter in the race may be claimed. A subsequent disqualification of the horse by order of the stewards or the Board shall have no effect upon the claim. (b) The stewards shall void the claim and return the horse to the original owner if: (1) The horse suffers a fatality during the running of the race or (2) The racing or official veterinarian determine the horse will be placed on the Veterinarian's List as unsound or lame before the horse is released to the successful claimant. (c) The claim shall be void if the race is called off, canceled, or declared no contest in accordance with Rule 1544 of this division. NOTE: Authority: Sections 19420 and 19440, Business and Professions Code. Reference: Section 19562, Business and Professions Code. HISTORY: 1. Amendment filed 11-22-06; effective 12-22-06 2. Amendment filed 10-04-11; effective 11-03-11 3. Amendment filed 5-2-13; effective 5-2-13</p>

Rule Text

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Procedures Related to 1658 Vesting of Title to Claimed Horse

Voiding of Claims

The amendment to 1658 voids claims for horses placed on the CHRB Veterinarian's List as Unsound or Lamé become effective May 9th. The Executive Director set May 16, 2013, as the start date for the CHRB to begin implementing the rule. To ensure uniformity a state-wide conference call of official veterinarians and stewards reviewed the procedures and protocols prior to the implementation of the rule. Those procedures were presented to the Board in September, 2012 and June, 2012, and are attached below.

It is important to remind owners and trainers the official veterinarians are not doing pre-purchase exams. No one should expect a perfect horse from a claim any more than we only allow perfect horses to race. The criteria are whether a horse should be placed on the Veterinarian's List as Unsound or Lamé. And without a doubt, there will be horses that are released to the new claimant that are less than perfect and will come up with problems later. That has always been the case even before this rule. As with pre-race examinations, the official veterinarians strive for consistency. Regardless, once the official veterinarian has released the horse from his or her custody there is no provision allowing a claim to be voided.

Horses placed on the Veterinarian's List as unsound or lame must work satisfactorily for the official or association veterinarian and pass a post-work blood test prior to being removed from the list and allowed to start.

All voided claims are now reported in the steward's minutes from each track.

The Board welcomes comments, suggestions and public comments. The meeting for public comment would be the Medication & Track safety Committee which meets several times a year.

RULE 1658. VESTING OF TITLE TO CLAIMED HORSE.

1658. Vesting of Title to Claimed Horse.

(a) Title to a horse which is claimed shall be vested in the successful claimant from the time the field has been dispatched from the starting gate and the horse becomes a starter; and said successful claimant becomes the owner of the horse unless voided by the stewards under the provisions of this article. Only a horse which is officially a starter in the race may be claimed. A subsequent disqualification of the horse by order of the stewards or the Board shall have no effect upon the claim.

(b) The stewards shall void the claim and return the horse to the original owner if:

(1) The horse suffers a fatality during the running of the race or

(2) The racing or official veterinarian determine the horse will be placed on the Veterinarian's List as unsound or lame before the horse is released to the successful claimant.

(c) The claim shall be void if the race is called off, canceled, or declared no contest in accordance with Rule 1544 of this division.

Procedures for Voiding Claims (May 16, 2013):

- All claimed horses capable to do so are to be sent to the Receiving Barn for post-race testing and post-race evaluation by the official veterinarian.
- The horse will be examined in or near the Receiving Barn by the official veterinarian in a manner similar to how other horses are evaluated post-race for possible unsoundness or lameness.
- Unless otherwise designated for post-race testing, only blood samples (official and split samples) will be drawn.
- If the official veterinarian determines the horse is lame or unsound and will be placed on the Veterinarian's List, the official veterinarian will notify the stewards prior to the horse leaving the receiving barn.
- Based on the findings of the official veterinarian the stewards will determine whether the claim will be voided. If the stewards decide the claim is void, the horse will remain in the control of the original owner. If the stewards decide the claim will stand, the horse will be turned over to the claimant upon leaving the receiving barn.
- If, in the opinion of the official or racing (track) veterinarian, a claimed horse is incapable of being sent to the Receiving Barn, the racing (track) veterinarian will obtain blood samples (official and split samples) whenever humanely possible and determine the extent of the horses injuries. If the horse is incapable of being sent to the Receiving Barn because the horse is lame or unsound, the racing (track) veterinarian will so notify the stewards and the official veterinarian.
- Based on the findings of the racing (track) veterinarian the stewards will determine whether the claim will be voided. If the stewards determine the claim is to be voided, the horse will remain in the control of the original owner once the horse leaves the track. If the stewards decide the claim will stand, the horse will be turned over to the claimant upon leaving the track.
- A horse with a lameness with an AAEP Lameness Score greater than 3 shall be placed on the Veterinarians List as Lame.
- A horse with an AAEP Lameness Score of 3 or less and determined to be unfit to race shall be placed on the Veterinarian's List as Unsound.
- The official veterinarian shall place a claimed horse on the Veterinarian's List as Unsound or Lame upon the recommendation of the racing (track) veterinarian.

- Horses that are injured and showing lameness will be placed on the Veterinarians List as Unsound or Lamé. Horses that are injured such as a cut or grabbed quarter and not showing lameness may be designated as Injured on the Veterinarians List. Claims should not be voided unless the horse is going to be placed on the Veterinarian's List as lame or unsound. Accordingly, horses placed on the Veterinarian's List for other reasons such as bled, exhausted, injured or otherwise are not to be voided.

AAEP LAMENESS SCALE

Because each horse has unique performance characteristics, evaluating lameness can be challenging. Experienced riders may detect minor alterations in gait before they are apparent to an observer. Lameness may appear as a subtle shortening of the stride, or the condition may be so severe that the horse will not bear weight on the affected limb. With such extremes of lameness possible, a lameness grading system has been developed by the AAEP to aid both communication and record-keeping. The scale ranges from zero to five, with zero being no perceptible lameness, and five being most extreme. **The AAEP guidelines explain the grading system this way:**

- 0:** Lameness not perceptible under any circumstances.
- 1:** Lameness is difficult to observe and is not consistently apparent, regardless of circumstances (e.g. under saddle, circling, inclines, hard surface, etc.).
- 2:** Lameness is difficult to observe at a walk or when trotting in a straight line but consistently apparent under certain circumstances (e.g. weight-carrying, circling, inclines, hard surface, etc.).
- 3:** Lameness is consistently observable at a trot under all circumstances.
- 4:** Lameness is obvious at a walk.
- 5:** Lameness produces minimal weight bearing in motion and/or at rest or a complete inability to move.

CALIFORNIA HORSE RACING BOARD

AUGUST 22, 2013
REGULAR BOARD MEETING

There is no board package material for Item 13

CALIFORNIA HORSE RACING BOARD
 TITLE 4. CALIFORNIA CODE OF REGULATIONS
 ARTICLE 7. CLAIMING RACES.
 PROPOSED AMENDMENT OF
 RULE 1658. VESTING OF TITLE TO CLAIMED HORSE.

Regular Board Meeting
 August 22, 2013

1658. Vesting of Title to Claimed Horse.

(a) Title to a horse which is claimed shall be vested in the successful claimant from the time the field has been dispatched from the starting gate and the horse becomes a starter; and said successful claimant becomes the owner of the horse unless voided by the stewards under the provisions of this article. Only a horse which is officially a starter in the race may be claimed. A subsequent disqualification of the horse by order of the stewards or the Board shall have no effect upon the claim.

(b) The stewards shall void the claim and return the horse to the original owner if:

(1) The horse suffers a fatality during the running of the race or dies or is euthanized before leaving the track, or

(2) The racing or official veterinarian determines the horse will be placed on the Veterinarian's List as unsound or lame before the horse is released to the successful claimant.

(c) The stewards shall not void the claim if prior to the race in which the horse is claimed, the claimant elects to claim the horse regardless of whether the racing or official veterinarian determines the horse will be placed on the Veterinarian's List as unsound or lame.

(1) An election made under subsection (c) of this rule shall be entered on the form CHRB-11(Rev. 8/13) Agreement to Claim, in accordance with section 1656 of this article.

(ed) The claim shall be void if the race is called off, canceled, or declared no contest in accordance with Rule 1544 of this division.

STAFF ANALYSIS

DISCUSSION AND ACTION BY THE BOARD REGARDING THE PROPOSED AMENDMENT TO CHRB RULE 1658, VESTING OF TITLE TO CLAIMED HORSE, TO PROVIDE THAT A CLAIM SHALL NOT BE VOIDED BY THE STEWARDS IF PRIOR TO THE RACE THE CLAIMANT ELECTS TO CLAIM THE HORSE REGARDLESS OF WHETHER THE RACING OR OFFICIAL VETERINARIAN DETERMINES THE HORSE WILL BE PLACED ON THE VETERINARIAN'S LIST AS UNSOUND OR LAME.

Regular Board Meeting
August 22, 2013

BACKGROUND

Business and Professions Code section 19420 provides that the Board has jurisdiction and supervision over meetings in California where horse races with wagering on their results are held or conducted, and over all persons or things having to do with the operation of such meetings. Business and Professions Code section 19440 states the Board shall have all powers necessary and proper to enable it to carry out fully and effectually the purposes of this chapter. Responsibilities of the Board include adjudication of controversies arising from the enforcement of those laws and regulations dealing with horse racing and pari-mutuel wagering. Business and Professions Code section 19562 provides that the Board may prescribe rules, regulations, and conditions, consistent with the provisions of this chapter, under which all horse races with wagering on their results shall be conducted in California. In February 2013 the Board adopted an amendment to Rule 1658, Vesting of Title to Claimed Horse, which states that title to a horse which is claimed shall be vested in the successful claimant from the time the field has been dispatched from the starting gate and the horse becomes a starter. The successful claimant becomes the owner of the horse unless the claim is voided by the stewards. The stewards shall void the claim and return the horse to the original owner if the horse suffers a fatality during the running of the race, or the racing or official veterinarian determines the horse will be placed on the Veterinarian's List as unsound or lame before the horse is released to the successful claimant. When the Board adopted the amendment to Rule 1658 it stated the regulation was not perfect, but it was the best approach presented. The Board also recognized that the regulation might need further modification; however, it could take some time for the rule to have its desired impact on those who might use claiming to discard damaged horses.

The Office of Administrative Law approved the amendment to Rule 1658 on May 2, 2013. The effective date of the regulation was also May 2, 2013. The Board did not implement the regulation until May 16, 2013. The delay was to allow time for the stewards, veterinarians and others involved in the process to fully understand the change, and to notify the industry and the public. Since its implementation, Rule 1658 has generated some controversy. In response to the various reactions to the amended Rule 1658, the item was placed on the June 2013 Regular Board Meeting agenda.

At the June 2013 Board Meeting, there was discussion of relevant issues surrounding Rule 1658 and a presentation by the Equine Medical Director of the recent history of the enactment of the

rule, as well as examples of claims voided. The issue was referred to the July 2013 Medication and Track Safety Committee Meeting.

At the July 2013 Medication and Track Safety Committee Meeting, the Committee heard discussion from various interested parties and learned that some claimants desire to keep the horse regardless of its post race condition. The Committee determined it would endorse a proposal to allow a claimant to claim the horse regardless of whether the racing or official veterinarian determines the horse will be placed on the Veterinarian's List as unsound or lame.

ANALYSIS

The proposed amendment to Rule 1658 provides that the stewards shall void a claim and return the horse to the original owner if the horse dies or is euthanized before leaving the track. This amendment minimizes confusion by clarifying that if a horse just finished the running of the race but did not make it off the track alive, the claim is still void. The proposed amendment to Rule 1658 also states that the claim shall not be voided by the stewards if the claimant elects prior to the race to claim the horse regardless of whether the racing or official veterinarian determine the horse will be placed on the Veterinarian's List as unsound or lame. The election may be entered on the form CHRB-11 (Rev. 8/13) Agreement to Claim, in accordance with Rule 1656, Errors Which Invalidate Claim. A claimant may elect, by checking a box on the claim slip, to claim the horse regardless of whether or not it was placed on the Veterinarian's List. Rule 1656 incorporates by reference the form CHRB-11 (Rev. 8/13) Agreement to Claim. The proposed amendment to Rule 1658 will necessitate an amendment to Rule 1656 to change the revision date of the form CHRB-11 (Rev. 8/13) Agreement to Claim.

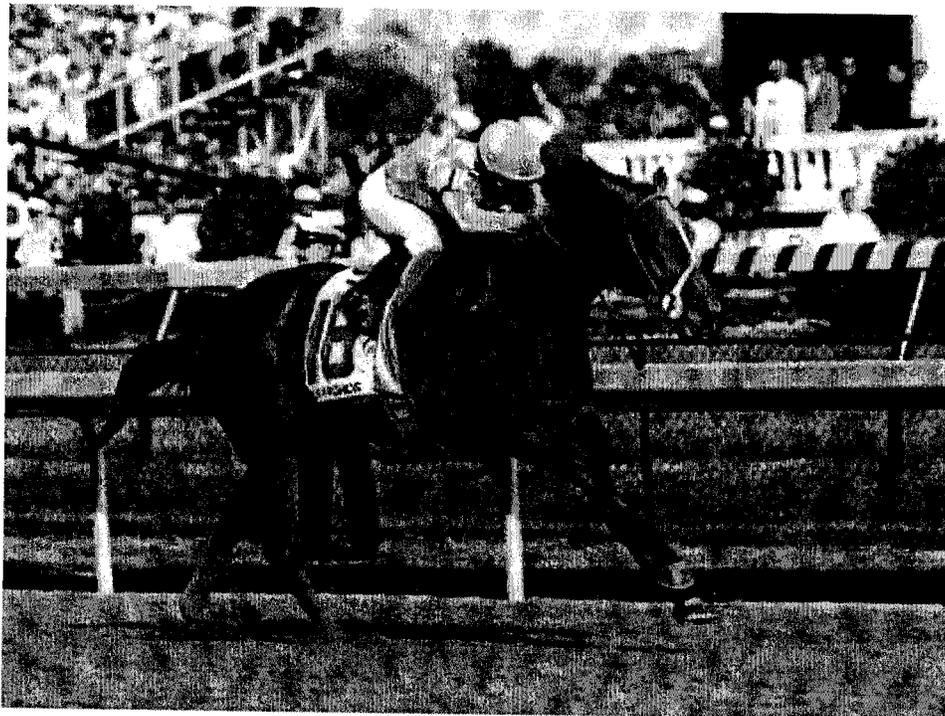
RECOMMENDATION

This item is presented for Board discussion and action.

Veterinary Policies and Procedures

Procedures and Practices for Kentucky Horse Racing Commission Veterinarians

(updated 3/18/2013)



II. Pre-Race Examinations & Initiation of Scratches

General Considerations

- Pre-race exams are performed *without exception* on every in-today Thoroughbred and Quarter horse.
 - KHRC veterinarians perform pre-race exams in the stable area.
 - It is preferable, where possible, that these exams take place during a period when it is reasonable to expect the Trainer to be on-site and available to discuss a horse's condition.
- Pre-race exam records are medical records, the contents of which are confidential.
 - The KHRC veterinarian will neither disclose to nor discuss the results of a pre-race exam, the contents of a horse's medical record, nor the condition of a horse with anyone other than 1) the current owner or trainer of the horse; 2) other KHRC veterinarians; 3) the Stewards; 4) the Equine Medical Director; 5) the Executive Director of the KHRC; and, 4) any other individual upon directive of the Stewards or the Executive Director of the KHRC.
- The determination of racing soundness remains the sole responsibility of the KHRC veterinarian.
 - The KHRC veterinarian may **not** defer this responsibility to any private or attending veterinarian, racing official, or any other individual, agency, or association.
- It is the KHRC veterinarian's responsibility to advise the Stewards of any horse he determines to be unsound, injured, or otherwise unfit to participate in a race.
 - This communication should take place expediently so that the Stewards may make the necessary notifications regarding the withdrawal of the horse.
 - The decision to scratch the horse rests with the Stewards; the KHRC veterinarian serves as an advisor to the Stewards on matters related to equine health, safety, and soundness.

Preparation

- Upon publication of entries for an upcoming race date, KHRC veterinarians will review the Past Performances of the entered horses. Events of interest include, but are not limited to:
 - Recent history of having been eased or failing to finish
 - Recent layoff (i.e. 1st or 2nd start after 60 or more day layoff)

- Illogical change in class
- Frequent rider changes OR change from journeyman to apprentice
- Multiple claims in previous 90 days
- 1st start made after mid-3 year old season
- Claiming (**not** restricted to lowest level, but <\$25,000)
- Deviations from known trainer patterns
- Intelligence (i.e. confidential informants, trainers w/elevated injury occurrence, drug testing intelligence, horses with history of being on the Veterinarians' List for unsoundness)
- For horses determined to be of interest, veterinarians will check the Review box in the InCompass Pre-Race Exam module, thus identifying those horses as warranting additional scrutiny at the pre-race exam and also on-track.

Exam Conditions

- Trainers are required to have a capable attendant present to properly restrain the horse and also present the horse at a jog.
 - KHRC veterinarians will not enter a horse's stall in the absence of a trainer's representative.
 - If the KHRC veterinarian believes the attendant is incapable of providing the necessary assistance, the exam will not proceed. The veterinarian will notify the Stewards who will, in turn, contact the trainer to address the matter.
- Horses are not to be placed in ice, cold-water bandages, or have applied any other device with the ability to manipulate the surface temperature of its limbs prior to the KHRC veterinarian's pre-race exam.
 - If the KHRC veterinarian determines upon arrival to perform the exam, that there was noncompliance with this requirement, the exam will be deferred for a minimum of 1 hour to allow the effects of the thermal manipulation to dissipate.
- Bandages are to be removed, and the horse's legs are to be clean and free of poultice, liniment, ointment or any other topical preparation.
 - A trainer is permitted to reapply bandages prior to the observation of the horse in motion should he have concerns that the horse may be unruly or difficult to handle and be at risk of injury during this phase of the exam.
- The KHRC veterinarian will notify the Stewards of any individuals failing to comply with these pre-race exam requirements.

- It is appropriate at the beginning of each race meeting for the Chief Racing Veterinarian to remind horsemen of the exam requirements through the HBPA and publication in the daily overnight sheet.

Exam Procedure

The KHRC veterinarian will perform:

- In-stall observation of horse's demeanor, behavior, posture—if possible before interacting with the horse.
- Proper identification of the horse by tattoo, microchip, or Jockey Club official markings and physical description.
 - The KHRC veterinarian should avoid contact with the horse's nose and mouth as a standard infection control practice.
 - The horse's attendant should be requested to lift the horse's lip and display the tattoo.
 - If a KHRC veterinarian's hands contact the nasal or oral mucous membranes of a horse, they must be washed or have alcohol-based sanitizer applied before physical contact with another horse.
- Palpation and passive manipulation of both forelimbs with notation of:
 - Evidence of inflammation (i.e. focal or regional heat, resistance to direct pressure or manipulation, edema)
 - Evidence of previous injury or orthopedic disease
 - Chronic conditions not demonstrating signs of active inflammation (i.e. joint capsule thickening, joint effusion, changes in tendon profile, splint bone exostoses)
 - Lack of withdrawal response to a negative stimulus
 - An improvement in clinical presentation that is inconsistent with the interval from the horse's previous race to the current exam
 - Any other condition that has the potential to result in unsoundness or is a sequela to unsoundness, musculoskeletal injury, or orthopedic disease

- Observation of the horse jogging in-hand and recording of findings
 - The horse should be jogged in a straight line, on a loose shank, away from and back towards the examining veterinarian. Additional maneuvers or vantage points may be used at the discretion of the KHRC veterinarian.
 - This procedure shall be performed in a location mutually acceptable to the KHRC veterinarian and the trainer of the horse.
 - The observation of the horse in motion may be deferred to the post parade only if, in the opinion of the KHRC veterinarian, human or equine safety will be jeopardized as a result of the demeanor or behavior of the horse at the time of the morning inspection.
 - A horse demonstrating a gait abnormality may, at the discretion of the KHRC veterinarian and in consideration of physical exam findings, be offered the opportunity to walk for a period of time and then undergo re-evaluation.
 - Recordable findings include lameness categorized by AAEP scoring (Appendix A) and gait abnormalities that may not be associated with orthopedic pathology (i.e. paddling, winging, crossing over behind, stringhalt)
- Overall assessment of general health and condition. Examples of conditions for which recording is warranted include:
 - Body condition score of <2 or >4
 - Neurologic disorders (i.e. facial paralysis, Horner's syndrome)
 - Ocular disorders (i.e. blepharospasm, microphthalmia, enucleation, corneal scarring or cataract)
 - Muscle atrophy or asymmetry
- Overall assessment of maintenance and management practices having relevance to equine health, safety, and/ or welfare
 - The KHRC veterinarian will report to the Chief Racing Veterinarian and the Chief Steward/Judge any unsafe management practices or mistreatment, whether willful or unintended, of any horse.
- Consultation, as warranted, with other KHRC veterinarians, private practicing veterinarians, or other qualified individuals who may have information pertinent to the condition of the horse that the KHRC veterinarian may consider in making a determination of the horse's fitness to race.

- Contemporaneous recording of exam findings are into the InCompass System pre-race exam module through PC tablet computers having wireless internet connectivity.
 - Any additional information obtained prior to a race (i.e. post parade observations) and relevant to a horse's fitness to race must be recorded in the InCompass pre-race exam module.

Pre-race Exam Scratch Protocol

- The KHRC veterinarian shall afford a trainer a reasonable opportunity to remediate a health or soundness deficiency prior to finalizing a recommendation to the Stewards.
 - It is the KHRC veterinarian's responsibility to communicate clearly, directly, and effectively with the trainer or his designated representative regarding the condition of any horse recommended to be excused by the KHRC veterinarian.
 - It is preferable that this communication occurs prior to the KHRC veterinarian making his recommendation to the Stewards.
 - In the event that the trainer or his designee is not physically present, the KHRC veterinarian will make a good faith effort to contact the trainer before recommending to the Stewards that the horse be scratched.
 - The inability to initiate contact with a trainer does not negate the veterinarian's authority to recommend a horse's excusal.
- If a scratch is recommended based on the results of a pre-race exam, the KHRC veterinarian shall inform the trainer of the conditions required for the horse's release from the Veterinarians' List. (See Section IV, Veterinarians' List)
 - It is preferable that when a KHRC veterinarian is contemplating recommending a scratch based on a pre-race examination, that another KHRC veterinarian is consulted and consensus achieved.
 - In the event that a trainer contests a veterinarian's assessment, and before a scratch recommendation is submitted to the Stewards, one or more additional KHRC veterinarians will examine the horse and the panel of KHRC veterinarians will achieve consensus on the horse's condition and a determination of its fitness to race.
 - Following the completion of pre-race examinations and prior to the start of the day's racing, the KHRC examining and on-track veterinarians will meet, discuss exam

findings, and in consideration of their review of high speed exercise history, identify any horse(s) warranting additional scrutiny during the post parade.

- For horses so identified, the results of the additional veterinary scrutiny are to be entered into the InCompass System as soon as is reasonably possible.

Paddock/Saddling Enclosure

- The pre-race monitoring of horses for injury or unsoundness resumes upon the horses' arrival in the paddock area and is ongoing by KHRC veterinarians until each horse has exited the track after unsaddling following the completion of the race.
- A KHRC veterinarian is stationed in the paddock during all times when horses are present, and is available to assess the condition of a horse that flips, falls, is kicked by another horse, evades its handler or whose condition comes into question for any other reason.
 - For the horse that flips or sustains head trauma, the veterinarian should be prepared to perform a neurologic assessment to include cranial nerves, CNS, and PNS.
 - The veterinarian will carry emergency medications should an injured horse requires treatment, sedation, or euthanasia. (See Section III, Management of Racing Emergencies)
 - In the event the equine ambulance must be deployed to the paddock, the KHRC veterinarian will initiate and maintain radio communication with the Stewards and KHRC Director of Enforcement to safely manage traffic flow and avoid injury to other horses or their handlers.
 - Prior to the beginning of each race meet, the Chief Racing Veterinarian should verify with racetrack management the protocol for accessing the paddock with the equine ambulance. This should include identification of vehicle access routes and verification of driver proficiency in maneuvering the ambulance in that area.
- The paddock veterinarian will proceed to the track with the field of horses and may be required to attend the starting gate for races starting on the front side and will monitor racing from the vicinity of the finish line.
 - This veterinarian will be first responder for incidents that occur on the front stretch, in the winner's circle, at unsaddling. This veterinarian will continue observation of unsaddled horses until they leave his field of vision.

Post-Parade / Starting Gate

- A KHRC veterinarian attends the starting gate for all races having a stationary start.
 - This veterinarian observes all horses in the post parade, and is present starting gate to assist with equine injuries or incidents occurring during the loading of the gate or at the start of the race.
 - Depending on gate location, this veterinarian may be required to monitor horses pulling up after finishing the race and also as horses proceed from the unsaddling area to the exit gap.
- During the post parade, the KHRC veterinarian monitors horses warming up at a range of gaits.
 - It is preferable that the observation includes evaluation of each horse at a trot (jog) and canter (gallop), and both while traveling in a straight line and while turning.
 - The veterinarian will be stationed at a location where he has an unobstructed view of the field and is readily accessible to jockeys for consultation.
- If a jockey questions the condition of his mount, he is expected to communicate those concerns to the KHRC veterinarian.
 - This may involve verbal and/or non-verbal communication, and the KHRC veterinarian is reminded to be alert to jockeys' body language as well as direct and indirect remarks.
 - If a jockey appears to be deliberately warming up his horse near the veterinarian or otherwise demonstrates concern about the condition of his mount, the KHRC veterinarian shall ask the rider if he is requesting an evaluation.
- The KHRC veterinarian may also initiate the assessment process in the absence of a jockey's request.
 - KHRC veterinarians should be particularly attentive to horses ridden by apprentice jockeys, as these riders may not yet have developed proficiency in detecting unsoundness in a mount.

On-Track Scratch Protocol

- If the KHRC veterinarian observes in the horse any symptom consistent with unsoundness, a condition unsafe for racing, or that the horse is unfit to race, the veterinarian will notify the Stewards by radio and recommend the horse be scratched.
 - Once the Stewards have authorized a scratch, the jockey will dismount and remove his tack
 - The Stewards will determine whether the horse will be restrained behind the starting gate until the race has run or be returned to the paddock prior to the start.
 - The horse will be placed on the Veterinarians' List. (See Section IV, Veterinarians' List)
- The KHRC veterinarian shall provide the trainer of any scratched horse the conditions required for the horse's release from the Vets' List as soon as is reasonably possible after the horse is scratched.
 - The KHRC veterinarian shall make reasonable effort to promptly communicate directly with the trainer of the scratched horse after the remainder of the field has successfully negotiated the course and returned to be unsaddled.
- If a jockey presents his mount to a KHRC veterinarian: 1) requesting an evaluation of his mount; 2) having a question regarding the condition of his mount or; 3) expressing reservations about the horse's fitness to race the KHRC veterinarian shall:
 - Perform an assessment, including but not limited to, jogging in a straight line (independent of escort pony) away from and back to the veterinarian, and turning or circling in one or both directions.
 - If the KHRC veterinarian observes lameness or a condition that indicates a horse is not in serviceably-sound racing condition or is otherwise unfit to race, he will promptly notify the Stewards and recommend the horse be scratched.
 - Any horse so scratched will be placed on the InCompass Veterinarians' List and ineligible to enter until released by a KHRC veterinarian or his designee (i.e. regulatory veterinarian in another racing jurisdiction).
 - The KHRC veterinarian shall inform the trainer of any Vet Listed horse the conditions required for the horse's release from the Vets' List as soon as is reasonably possible after the horse is scratched.

- If the KHRC veterinarian does not observe lameness or condition that indicates a horse is not in serviceable, sound racing condition, he will provide his observations to the jockey who will then declare whether or not he will ride the horse in the race.
 - If the jockey declines to ride the horse, the KHRC veterinarian will recommend to the Stewards that the horse be scratched. Any horse so scratched may be placed on the InCompass Veterinarians' List and ineligible to enter until released by a KHRC veterinarian or his designee. The KHRC veterinarian shall provide the trainer of any Vet Listed horse the conditions required for the horse's release from the Vets' List as soon as is reasonably possible after the horse is scratched.
 - If a jockey declines to ride a horse due to his own illness or injury AND the KHRC veterinarian observes the horse to exhibit neither lameness nor any condition inconsistent with fitness to race, the horse may be, at the discretion of the Stewards, returned to the paddock for a replacement jockey.
- Prior to the loading of the horses into the starting gate, the KHRC veterinarian should be alert to, and initiate appropriate response (which may range from communication with the Starter to the recommendation of a scratch to the Stewards) for the following:
 - Epistaxis (bleeding from one or both nostrils)
 - Bleeding from mouth
 - Bandages loose or slipping
 - Loose or missing horse shoe(s); shoes impacted with snow
 - Loose or incorrectly applied equipment
 - Injury
 - Lameness
 - Significantly aberrant behavior (such as, but not limited to, somnolence, stupor, aggression, agitation)
 - Neurologic signs
 - Physical distress
 - Inappropriate sweating pattern relevant to existing weather conditions
 - Inappropriate urging (with crop by jockey or buggy whip by gate crew)
- Tack/equipment adjustment requests from jockeys (i.e. saddle resets, girth tightening, blinker adjustments) are referred to the Starter who may request the veterinarian assist in or oversee an equipment adjustment.
 - The veterinarian will not perform any equipment adjustment that requires contact with the horse's mucous membranes unless so instructed by the Stewards.
- During the loading of horses into the starting gate, incidents may occur that require the KHRC veterinarian to rapidly determine whether a horse should be recommended

for withdrawal or permitted to race. These include, but are not limited to those in which a horse:

- Flips and gets one or more legs over a partition;
 - Flips and is lodged in or under the gate;
 - Sustains head trauma, or
 - Sustains an open wound.
- The veterinarian should notify the Starter and the Stewards that the horse must be evaluated.
 - An assistant starter will back the horse out of the gate for the veterinarian to assess.
 - The veterinarian's assessment must be performed efficiently as other horses remain standing in the gate and opportunity exists for other incidents to occur.
 - Should a scratch be recommended, it may be appropriate for the equine ambulance to be summoned to return the horse to its barn.
 - Sedation may be administered at the discretion of the KHRC veterinarian and upon recommendation to the Stewards.
 - The KHRC veterinarian should provide the Stewards with an assessment of the horse and an inventory of treatments administered; the Stewards will notify the trainer or his veterinarian.

III. Management of Racing Emergencies

General considerations

- The KHRC veterinarian is responsible for monitoring the field during the running of the race and responding to incidents in his proximity. Response to incidents may include:
 - Triage of racing injuries
 - On-track injury management
 - Conducting biologic sampling of injured horses
 - Directing the activities of lay persons assisting at the scene,
 - Establishing a security perimeter, and
 - Communicating with Stewards.
- Each incident is unique and the veterinarian must demonstrate proficiency in rapidly adapting to the situation presented.¹
 - It is preferable, whenever possible, that two KHRC veterinarians attend an injured horse, and that one remain with the horse until the case is effectively transferred to the regular attending veterinarian.
 - Veterinarians are to be alert to incidents that occur outside their assigned coverage area.
 - Once having determined that his assigned area is clear, a KHRC veterinarian should promptly respond as backup to the KHRC veterinarian managing an incident.
- The KHRC veterinarian will summon the equine ambulance by radio and concisely report the saddle towel number of the affected horse, location of the horse (surface and pole), and its status (ambulatory, non-ambulatory, or recumbent).
 - The KHRC veterinarian should be mindful that this transmission may be heard at a number of locations, and should refrain from graphic descriptions of an injury, or speculation about the cause of the injury, or its potential outcome. More detailed information should only be transmitted by cell phone or other secure manner.
 - The KHRC veterinarian will not communicate information regarding an injured horse to any person not determined to be directly associated with the horse.

- If other horses are on the track while the ambulance is being deployed, the KHRC veterinarian should be alert to their locations and any potential safety issues associated with their presence.
- The equine ambulance should travel along the outside rail and leave the rail only on the direction of the Steward, Outrider, or KHRC veterinarian.
- The ambulance should not be deployed toward oncoming horses traveling at high speeds but rather wait until the horses have passed.
- The ambulance should not be deployed if there is a loose horse on the track unless instructed by the Stewards.

Management of an injured horse

The KHRC veterinarian will:

- Establish control of the horse via physical and/or chemical restraint.
 - Adequate restraint should be established before any other event occurs.
 - It is not recommended to use a twitch for restraint of an injured horse in full view of the public.
 - As the unexpected release of a long-handled twitch presents a significant safety risk to individuals present, the use of the twitch within the confines of the equine ambulance is also not recommended.
 - In consideration of the nature of the injury, the veterinarian may be able to establish adequate physical restraint by shifting a horse's center of gravity over uninjured limbs.
- Rapidly assess the injury by identifying the affected limb(s) and/or body system.
 - Hyperextension of a joint, or instability of the bony column of support; neurologic signs of ataxia, paralysis, stupor or dementia; or evidence of hemorrhage/blood loss (external or internal) should initiate a prompt veterinary response.
 - In some situations, the results of this assessment are inconclusive. The KHRC veterinarian should not formulate a diagnosis that exceeds the scope of examination that he able to perform.

- The KHRC veterinarian should be mindful that the establishment of even a preliminary diagnosis may not be possible at the time he attends the horse.
 - It is appropriate to transport an apparently uninjured horse, or horse of indeterminate soundness to its barn by ambulance to minimize further injury until a diagnosis is made.
- Provide the Stewards, via radio, a preliminary assessment of the horse.
 - Veterinarians should be mindful that radio communications regarding a horse's injury may be overheard by individuals not directly involved in case management.
 - Injury descriptions should be clinical and objective.
 - The KHRC veterinarian should not offer speculative information in this communication.
 - The Stewards will contact the trainer. The Stewards may provide the trainer with assistance in contacting his/her veterinarian or the on-site veterinarian providing emergency coverage.
- Initiate limb stabilization where relevant
 - The Kimzey Leg Saver Splint™ (Kimzey Welding Works, Inc. 164 Kentucky Avenue, Woodland, CA) should be applied for dorsopalmar/dorsoplantar instability of the fetlock, pastern or coffin joint and may be used for suspected lateral condylar fractures.
 - The Kimzey Leg Saver Splint™ is not appropriate for application to limbs demonstrating instability in 2 or more planes or for suspected medial condylar fractures.
 - The compression boot may be applied for suspected condylar fractures or indeterminate lameness isolated to the distal forelimb.
 - Fit is critical to the efficacy of this device.
 - A secure placement of the boot may require the application of padded bandage material to the limb.
 - Veterinarians should be mindful however that excessive padding can diminish the stability afforded by the boot.
 - The extended Kimzey splint should be applied for carpal joint instability.

- This splint is not appropriate for suspected proximal limb fractures.
 - A modified Robert Jones bandage maybe appropriate for radial, ulnar, or tibial fractures.
 - The incorporation of a rigid pole (i.e. broom handle) into the lateral aspect of the bandage may offer additional support and prevent adduction of the limb.
 - When applying any external stabilization device, the KHRC veterinarian should direct the horse's handler to stand to the side (and not directly in front) of the horse.
 - This will avoid the handler being struck by the device should the horse reflexively jerk the leg away from the veterinarian.
 - For a forelimb injury it is recommended that the handler stand on the side of the uninjured limb.
 - For a hind limb injury it is recommended that the handler stand on the side of the injured limb.
 - For suspected humeral, femoral, or pelvic fractures external stabilization devices should not be applied.
 - In the absence of clear clinical indication for the application of a specific stabilizing device, it is appropriate to transport the horse without external stabilization.
- Administer emergency medications
 - Each on-track veterinarian will carry a limited supply of emergency medications including:
 - Sedative/analgesic (detomidine)
 - Corticosteroid (prednisolone sodium succinate)
 - Euthanasia solutions
 - The Stewards can authorize the administration of additional emergency medications by KHRC veterinarians.
 - If a horse's condition warrants the emergency administration of medication, the KHRC veterinarian will advise the Stewards.

- Transport the patient
 - Patients should be afforded additional stability by proper placement of the hydraulic center partition in the equine ambulance.
 - Individuals accompanying the injured horse should stand in front of the transverse partition or on the opposite site of the center partition and not in the stall with the horse.
 - A horse with forelimb injuries will be provided added stability during transport if its head is maintained in a somewhat elevated position thus shifting its center of gravity toward the functionally stable hindquarters.

- Effect patient transfer to the attending veterinarian
 - The Stewards will contact the trainer and/or attending veterinarian and advise him of the location and status of the horse—as reported by the KHRC veterinarian.
 - The KHRC veterinarian will transfer the case to the practicing veterinarian and provide information related to patient presentation, clinical assessment, and medications (if any) administered.
 - All medication administrations must be promptly and accurately recorded in the relevant Medication Log maintained in the Test Barn (Appendix B).

- Be alert to safety concerns for individuals attending the injured horse
 - The behavior of an injured horse can be unpredictable, and the KHRC veterinarian must be mindful of human safety issues when personally handling such horses or directing the activity of laypersons assisting the injured horse.
 - It may be advisable to request assistance from the Director of Enforcement in establishing a secure perimeter for the safe management of an injured horse.

- Collect blood from any injured horse that requires transport via equine ambulance.
 - If emergency medications were administered prior to blood sampling, the medication, dose, and route of administration will be provided to the official laboratory at the time of sample submission.

- Each equine ambulance deployment is to be recorded in the Test Barn Equine Ambulance Response Log (Appendix C).

Catastrophic Injury

- The KHRC veterinarian should be prepared to respond to a horse having been determined to be injured to such an extent that prompt euthanasia is indicated.
 - KHRC veterinarians should make every reasonable effort to load an injured horse into the equine ambulance before performing euthanasia.
 - In the absence of extenuating circumstances, euthanasia should not be performed unless two or more KHRC veterinarians are present and are unanimous in the decision to euthanize.
 - A recumbent horse may be administered general anesthesia, placed on a mat and the mat winched into the ambulance².
 - A recumbent but conscious horse should not be loaded into the ambulance.
 - If the horse cannot be loaded into the ambulance, a portable screen or visual barrier should be deployed and the horse euthanized outside of the public's view.
 - Blood (and urine, where possible) samples should be collected prior to, or immediately after, euthanasia and managed in accordance with chain of custody procedures.
 - The KHRC veterinarian will insure that horseshoes and bandages are not removed prior to necropsy and that the carcass is not altered post-mortem.
 - In the event of a suspicious death or high profile fatality, the Chief Racing Veterinarian should contact the Director of Enforcement to secure the carcass and maintain chain of custody pending its transport to the diagnostic laboratory.
 - KHRC veterinarians will compile and review information related to a catastrophic injury including past performance data; pre-race examination findings history; and interviews with trainer, jockey, and any other relevant individuals.

Necropsy

- Any horse that dies or is euthanized as a result of a race-related incident will be submitted for necropsy to the University of Kentucky Veterinary Diagnostic Laboratory (VDL) or the Breathitt Laboratory.

- The VDL has a dedicated racing necropsy group for the examination of musculoskeletal injuries.
- If the Breathitt Laboratory is the most proximate facility and the case horse sustained a fatal musculoskeletal injury, the KHRC veterinarian will remove the affected limb and the contralateral, unaffected limb for transport to the VDL while the remainder of the carcass is submitted to the Breathitt laboratory.
- The limbs should be packed on ice pending transfer to the VDL.
- Each case submitted must be clearly identified by affixing a plastic tag bearing the horse's name around the pastern of an uninjured limb.
 - The VDL will refuse to accept a carcass that is not properly tagged.
- The KHRC veterinarian is responsible for completion and submission of accession forms.
 - For cases submitted to the VDL, the racing necropsy form (Appendix D) is e-mailed to a distribution list that includes VDL personnel and the Equine Medical Director.
 - For cases submitted to the Breathitt Lab, a standard necropsy accession form (Appendix E) is submitted by fax, and a racing necropsy accession form submitted electronically to the VDL distribution list.
 - The Breathitt Lab accession form and submission guidelines are available at: <https://breathitt.murraystate.edu/forms/>
 - A copy of each submission form should be retained by the Chief Racing Veterinarian.
 - Non-race-related fatalities may be submitted for necropsy at the discretion of the Stewards or the Chief Racing Veterinarian.
 - Submission of these cases must be coordinated between the racing association and the Chief Racing Veterinarian to insure that the required documentation is submitted to the laboratory.
 - The Chief Veterinarian should review race-related and non-race related necropsy case submission protocols, including notifications and transportation arrangements, with the appropriate representative of the racing association before the beginning of each race meet.

- Fatalities that occur at KHRC licensed training facilities or those that occur at association tracks when no live racing is ongoing may also be submitted for necropsy.
 - Submission of these cases to the KHRC necropsy program must be pre-authorized by the Equine Medical Director or the Chief Racing Veterinarian.
- The KHRC veterinarian will communicate with the trainer and/or owner to determine and address any equine mortality insurance requirements.

Following the race and until the horses have exited the racing surface

- KHRC veterinarians continue to observe the horses until they have exited the track following completion of the race and unsaddling. During this time, veterinarians will monitor horses for signs of:
 - Lameness / unsoundness
 - Exhaustion / distress
 - Epistaxis
 - Signs of misuse of the whip (i.e. welts, wounds, hematomas, hemorrhage)
 - If signs are observed, the veterinarian should notify the Stewards
 - The veterinarian should document the injury with photography and submit the photos to the Stewards
 - Wounds
 - Metabolic disorders (i.e. tying-up, synchronous diaphragmatic flutter [“thumps”])
 - Neurologic signs/ataxia
 - Other injury/unsoundness/ or onset of race-related health conditions
- At the discretion of the KHRC veterinarian, the equine ambulance will be utilized to transport an affected horse to its barn.
- For horses whose post-race, on-track condition is questionable, it is appropriate for a KHRC veterinarian to observe the horse in its barn while cooling out, or to perform an assessment the following day to more accurately understand the condition of the horse.
- At all times, but particularly during periods of high environmental temperatures and humidity, the KHRC veterinarian must be prepared to rapidly intervene and provide assisted cooling to horses demonstrating signs of heat exhaustion.
 - The Chief Racing Veterinarians should perform an assessment of racetrack facilities (i.e. hoses/water supply, safe areas off track for managing patients) prior to the beginning each meet, with any deficiencies identified and remedied.

- It is important that horses demonstrating clinical signs associated with heat exhaustion be promptly identified and rapidly addressed.
- When possible, it is preferable to remove the affected horse from the racing surface for treatment. This may be most effectively achieved by having the outrider pony the horse to a location where the horse can be safely managed—typically a soft sandy area or unencumbered grassy area.
- Treatment includes facilitated cooling through the application of cold water, cooling blankets, or in the absence of a water source, copious topical application of rubbing alcohol.
- The intravenous administration of prednisolone sodium succinate (SoluDelta Cortef[®], Pfizer) is warranted in all but the mildest cases.
- For horses demonstrating more severe clinical signs—especially neurologic signs—the administration of a sedative may be indicated. Detomidine (Dormosedan[®]) administered intravenously (10 mg/1,000 lb horse) has been demonstrated to be safe and effective.
 - Xylazine (Rompun[®]) is not recommended for this application as it provides unreliable control of the horse’s hindquarters.
- Affected horses can be very dangerous as neurologic signs can progress from stupor to seizure with little warning.
 - Many severely affected horses appear to be insensate and are unresponsive to their handlers and environment.
 - Such horses must be kept well clear of buildings, trees, or other unyielding structures.
 - Management of these cases should be restricted to a small number of qualified personnel, with observers relegated to a safe distance.
 - It may be appropriate to enlist the assistance of security personnel to establish a perimeter during the management of these cases.
- Cases of Heat Stroke or Post-Exertional Distress are to be recorded in the Test Barn ‘Heat Stroke’ Log (Appendix F).
 - KHRC veterinarians should be alert to horses having previously experienced post-exertional distress and subject those horses to heightened scrutiny following subsequent race starts.

Supplies and Equipment

- The equine ambulance should be staged in the quarter pole chute as most catastrophic injuries occur between the 3/8 pole and the finish line.
 - A back-up ambulance, if available, may be staged in the vicinity of the 3/4 pole.
 - The back-up ambulance will respond to racing incidents occurring on the backstretch, incidents involving multiple horses, conditions manifesting in horses after crossing the finish line, or as otherwise directed by a KHRC veterinarian or the Stewards.
- Ambulances should be staffed at all times when horses are on the racetrack.
 - Ambulance attendants should be experienced in horse handling and applying appropriate physical restraint.
 - Safe handling of an injured horse that can demonstrate unpredictable behavior is critical to protecting human safety and optimizing case outcome.
- The equine ambulance should be stocked with the following items:
 - Kimzey Leg Saver™ splints
 - Distal forelimb (short)
 - Carpal (extended)
 - Distal hindlimb (short)
 - Compression boot(s)
 - Bandage material (elastic support wraps, disposable leg cottons and sterile non-adhesive pads)
 - Ice, water, buckets and sponges
 - Rubbing Alcohol
 - Halter and lead shank
 - Biologic sample collection supplies (blood collection tubes, needles, needle sleeves, urine cups, sample ID cards)
 - Curtain/ screen/ or portable barrier

- Mat or rescue sled for transport of recumbent horses
- Medication bag containing the following:
 - Needles and syringes of size and gauge relevant to the administration of the following medications
 - Sedative analgesics (xylazine [Rompun[®]], detomidine [Dormosedan[®]])
 - Short acting corticosteroids (prednisolone sodium succinate [SoluDeltaCortef[®]])
 - Euthanasia solutions (pentobarbital/phenytoin and succinylcholine)
 - A single dose euthanasia solution should be pre-loaded and ready for immediate use, should a horse's condition warrant.
 - Euthanasia solutions should be segregated and distinctly marked (without obscuring the manufacturers' labels) making them readily distinguished from all other medications.
 - The KHRC veterinarian is responsible for properly securing controlled substances at all times.
 - The KHRC veterinarian will accurately log the use of scheduled substances in the Log Books maintained in the Test Barn.
 - The KHRC Veterinarian must immediately report any broken vials or unintended discharge of loaded syringes to the Chief Racing Veterinarian.
 - A reconciliation of recorded use of scheduled substances against invoices and existing inventory shall be performed annually.
 - Any discrepancies must be promptly reported to the Equine Medical Director.
 - Euthanasia solutions, other DEA scheduled substances, and other emergency medications are to be stored in a locked container in the Test Barn when racing is not being conducted.

Electronic Submission of Veterinary Records

(No Materials Provided)