

# WVRC Claim Form – IA Corticosteroid Injection Record

Claimed by Trainer: \_\_\_\_\_

## Intra-Articular Corticosteroid Records

Summary: The previous trainer of a claimed horse shall, within 48 hours after the race, provide accurate treatment records of all corticosteroid joint injections that were administered to the horse within 30 days before the race to the State Veterinarian. This form or the horse's IA Corticosteroid Injection Veterinary records must be delivered or faxed to the West Virginia Racing Commission's Office (Fax# 304-387-1582) or emailed to the West Virginia Racing Commission Veterinarian (lori.l.bohenko@wv.gov) by either the trainer or practicing veterinarian. **(Trainer MUST sign & date form).**

Please refer to the "Transfer of Claimed Horses" rule, §178-1-38, at the WVRC website for further information: <https://racing.wv.gov/>

**Claim and purse money will not be disbursed until this form is returned to the State Vet.**

## Record of Intra-articular Corticosteroid Injections

Claimed horse Name & Tattoo \_\_\_\_\_

Date claimed & Race # \_\_\_\_\_

Trainer of claimed horse \_\_\_\_\_

Check **ONE** of the following boxes:

1.  The horse \_\_\_\_\_ has **NOT** received any intra-articular corticosteroid injections in the last 30 days.

2.  The horse \_\_\_\_\_ has received the following intra-articular corticosteroid injections in the last 30 days:

|             |                         |            |            |
|-------------|-------------------------|------------|------------|
| Joint _____ | Corticosteroid(s) _____ | Dose _____ | Date _____ |
| Joint _____ | Corticosteroid(s) _____ | Dose _____ | Date _____ |
| Joint _____ | Corticosteroid(s) _____ | Dose _____ | Date _____ |
| Joint _____ | Corticosteroid(s) _____ | Dose _____ | Date _____ |

\_\_\_\_\_  
Trainer (print)

\_\_\_\_\_  
Trainer (signature) – **REQUIRED**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicing veterinarian (print)

\_\_\_\_\_  
Practicing veterinarian (signature)

\_\_\_\_\_  
Date