

2016 Massachusetts Gaming Commission Veterinary Department



Trainer's Reference Manual

This manual provides owners, trainers, and others an overview of the rules and procedures that apply to the medication and health of horses at Massachusetts racetracks. Policies and procedures are explained in detail. More importantly, the explanations give horsemen background knowledge on why many rules or procedures are required. The system under which we operate was designed to protect the racing industry and all of its participants. Please read through this manual and use it as a reference.

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Horses first. That's how our Racing Division staff is trained.

It sounds simple, but what starts as a simple premise goes to the core of our industry. Happy, healthy horses perform to the best of their ability. They run truer to form for our pari-mutuel customers, they maximize return on investment for their breeders and owners, they help create a safer training and racing environment for those who work around them, and they retire from the racetrack to productive second careers.

Ensuring the happiness and healthiness of our equine athletes is a big job, and it's where our knowledge about welfare and science intersects. The Racing Division's veterinary program is among the most comprehensive in the country. We use science and regulation to help us document and maintain the healthiness of our racehorses, and we're not afraid to step in if intervention becomes necessary. But that's not enough.

Equine welfare, by definition, addresses psychological as well as physiological well-being. Psychological well-being is dependent largely on housing, nutrition, health care, environment, and handling. While the Racing Division is dedicated to ensuring the happiness of our racehorses, we must rely heavily on their caregivers for this task.

The Racing Division of the Massachusetts Gaming Commission is proud to partner with our hard-working, dedicated horsemen and women and our racetrack operators for another successful year of live racing in the commonwealth. We take very seriously our shared role as stewards of our industry, and we know you do, too. Together, we must hold each other accountable for putting the horse first in everything we do.

Because when we do right by the horse, all the rest follows.

****The Massachusetts Gaming Commission has a new drug testing laboratory starting in 2016-Industrial Laboratories. ****

Please review the Controlled Therapeutic Medication Schedule at the end of this manual to avoid overages. Remember, with the multiple violations penalties in CMR 4.25 (2)(f) available here: <http://massgaming.com/wp-content/uploads/205CMR4.pdf> overages can add up to loss of purse, etc.

New in 2016: The anabolic steroid regulations have been updated to conform with the ARCI Rules. There is no longer a threshold for stanozolo (any level of stanozolo will be a violation), there is a level for nandrolone in male horses other than geldings. Please refer to pages 11 and 12. A typo in the regulations regarding ketoprofen was also corrected in the regulations-the information regarding ketoprofen in the Trainer's Manual has always been correct, so refer to ketoprofen in this manual. Cimetidine, Ranitidine, Cetirizine, and Guaifenesin have been added as new substances to the Controlled Therapeutic Medication schedule. Xylazine and Omeprazole have amended threshold and dosing specifications. These can all be found at the end of this manual.

The laboratory has been instructed to test for endogenous, dietary, or environmental substances arsenic, caffeine, cobalt, estranediol, gamma aminobutyric acid, hydrocortisone, methoxytyramine, salicylate, salicylic acid and theobromine using thresholds adopted by the Association of Racing Commissioners International. These can be found at <http://arcicom>.

Please note these important changes regarding the administration of therapeutic medications that went into effect in 2014

In an effort to establish a uniform medication and drug testing program, which has been a long-time goal of horsemen, veterinarians and regulators, the Massachusetts Gaming Commission has adopted new regulations that will distinguish between those medications which have been recognized as appropriate for therapeutic use in the horse and those which have no business being in a horse on race day. There is a new medication category called the ARCI Controlled Therapeutic Medication Schedule, which lists over 24 therapeutic medications that have been recognized as necessary in the routine treatment of illness or injury in the horse. Withdrawal time information, dosages, administration routes and uniform laboratory detection thresholds for these medications are being provided to guide horsemen and veterinarians. **Please note some of these withdrawal times may vary from what you have been accustomed to in the past, and make adjustments where needed.** You are strongly encouraged to restrict your use of medications to those on the list. The list will be amended from time to time. The current Controlled Therapeutic Medication Schedule can be found at the end of this manual. This program will assist horsemen who race in multiple

jurisdictions, provide guidance for necessary treatments of horses, ensure a level playing field, and promote the health and safety of the human and equine athletes.

Note to horsemen and women: Please be particularly aware of clenbuterol and IA corticosteroid withdrawal times, **Furosemide administration protocol begun in 2015**, cobalt testing, etc.

All horses on grounds must have a current Equine Infectious Anemia (EIA or Coggins) certificate. If you are delinquent, please have your veterinarian correct this matter immediately. No horse is eligible for entry if a current EIA certificate has not been turned into the Veterinarian's Office, is not on file in the Racing Office, or the certificate on file has expired. All horses coming through the stable gate for the first time are required to have an accurate and valid Certificate of Veterinary Inspection (CVI or Health Certificate) dated within 30 days of arrival.

Horse attendants should be prepared to go to the Detention Barn whenever a horse is raced and be equipped with MGC license, halter, and lead rope. Horse attendants must remain in the Detention Barn until blood and urine have been obtained from their horse and they have signed for it.

TRAINER'S RESPONSIBILITIES

Trainers are responsible for knowing the medication rules under which racing is conducted in Massachusetts. A copy of the complete rules of racing can be reviewed at the MA Gaming Office or found on line at <http://massgaming.com/regulations/racing-regulations/> . This manual paraphrases rules that pertain to medications and horse health procedures. Questions on the materials contained in this manual should be addressed to Dr. Alex Lightbown, Chief Commission Veterinarian and Director of Racing or the Stewards.

Trainers are responsible for knowing the medication status of each horse in their care and guarding them from harm. Trainers are also responsible for keeping all the necessary paperwork relating to the health and medication status of their horses complete and up to date.

Trainers are responsible for ensuring that no injectable substances, hypodermic needles, or syringes are in their possession, in the possession of their employees, or in automobiles/trailers/sleeping/storage/stabling areas owned by or assigned to that trainer or trainer's employees.

It is the trainer's responsibility to assure that all individuals working with or on his/her horses are licensed by the Massachusetts Gaming Commission (MGC). Unlicensed people are not allowed to work on the grounds of the racetrack.

BLEEDERS

If you have a horse bleeding externally from the nose and desire documentation of that fact, it must be examined by the Official MGC Veterinarian or Racing Veterinarian and placed on the MGC bleeder list.

A horse that bleeds for the first time will be placed on the Veterinarian's List and is ineligible to race for 14 days following the observed bleeding. Longer periods of ineligibility result from subsequent bleeding incidents: 30 days for a second bleed, six months for a third bleed, and barred from racing for a fourth bleed. When counting days a horse is ineligible to run, the day the horse bled externally is considered the first day of the time on the Veterinarian's List.

A permanent Bleeder List is also kept in the MGC Veterinarian's Office. Please note that the Bleeder List is **not** the same thing as the Furosemide List. The Bleeder List identifies horses that bled externally from the nose. If you want your horse to receive furosemide you must sign it up to be on the Furosemide List.

CLAIMED HORSES

All claimed horses will be tested after the race; blood or blood and urine may be taken. The new owner/trainer may observe but must not have contact with the horse until after the test is taken. Once testing is complete, the horse will be turned over to the new owner/trainer. The new owner/trainer must have someone present to pick up the horse as soon as the test is completed. Failure to have someone present to pick up the horse may cause the new trainer to be cited by the Stewards.

CANNOT ENTER OR START

- Horse that is not in serviceably sound racing condition, including those horses that are on the Veterinarian's List
- Horse that has been trachea tubed
- Horse that has been nerved at or above the ankle
- Horse that has been nerved or had cryosurgery on a nerve
 - **EXCEPT** posterior digital nerve below the ankle*
 - **EXCEPT** nerving one or both feet*
- Horse that is blind or whose vision is impaired in both eyes

- NOTE: All horses that have been nerved must be reported by the trainer to the Official Veterinarian who will post a list in the Racing Secretary's Office.

CORNELL COLLAR

The use of the Cornell Collar is regulated in Massachusetts by house rule. If you have questions about the use contact the Racing Veterinarian.

DEATH OF A HORSE

The death of a horse must be reported immediately by the trainer to the Chief Commission Veterinarian. All horses dying on the grounds of Suffolk Downs for any reason will be submitted with shoes on and all body parts intact to the Cummings School of Veterinary Medicine at Tufts University for a complete necropsy. Blood samples may be obtained for medication testing by the Commission Veterinarian or the Veterinary School. Arrangements must be coordinated with the Chief Commission Veterinarian's Office, as paperwork needs to accompany the horse.

EQUINE INFECTIOUS ANEMIA (EIA)

Every horse entering the grounds must have a negative EIA test within the previous 12 months. This test is commonly referred to as a "Coggins test". Horses **cannot** be shipped into Suffolk Downs with EIA certificates pending nor can they be entered to race. Horses **cannot** start if their Coggins is not current.

EPO, ERYTHROPOETIN, DARBEPOETIN, COBALT, VENOMS

The possession and use of blood doping agents and venoms on the premises of Suffolk Downs is forbidden by 205 CMR 4.51(3). Do not bring them on the grounds, do not put them in your tack box or refrigerator, do not keep them in your trucks and trailers, do not use them in your horses.

For purposes of 205 CMR 4.51(3): Prohibited Substances, the possession of an injectable cobalt salt shall be considered a violation. For purposes of 205 CMR 4.53(4): Out of Competition Testing for Blood and/or Gene doping Agents, the presence of excessive levels of cobalt shall be considered a violation. The Racing Division will take into account existing research, established thresholds and laboratory recommendations when determining whether levels are excessive.

The Massachusetts Gaming Commission routinely tests for erythropoietin (EPO), darbepoetin, other red blood cell growth factors, and venoms. Horses reported as having raced with EPO and other red blood cell growth factor antibodies in their system will be placed on the Veterinarian's List for extended periods of time.

EXAMINATION OF HORSES BY RACING VETERINARIAN

On race days, pre-race exams will be conducted by the Racing Veterinarians on all horses scheduled to race that day. These examinations take place on race day mornings and prior to the examination horse's limbs cannot be placed in ice nor can

they be treated with any device that would hinder the examination. Each horse will be identified by lip tattoo and observed in motion outside the stall. Both forelimbs will be manually palpated and flexed. Please assist the Racing Veterinarians by having your horse's limbs free of bandages, mud, and other topical substances.

Other exams are sometimes necessary for the overall wellness of the racing program. Occasionally, a Racing Veterinarian will ask to check a horse that is not scheduled to race on that day. The most common reason for such an exam is to reassess a possible racing related injury. Differences of opinion may occur in individual cases, however, if the trainer and Racing Veterinarian work together these problems can be resolved.

FUROSEMIDE

A horse is eligible to run on furosemide if the trainer and licensed veterinarian determine that it would be in the horse's best interest to do so. This means that horses no longer have to be a documented bleeder to run on furosemide. They do, however, have to be registered in the Furosemide Program **prior to entry**. The trainer or assistant trainer must fax, mail, or come into the MGC Commission office and sign the horse into the Furosemide Program.

Furosemide shall only be administered on association grounds and is the only authorized bleeder medication. No other bleeder medications are permitted under MGC rules.

FUROSEMIDE ADMINISTRATION

According to MGC 4.52.6b, furosemide shall be administered IV (intravenously) no less than four (4) hours prior to post time for the race for which the horse is entered by the veterinarian employed by the owner or trainer of the horse. The furosemide cannot be given IM or orally and must be administered in the LEFT jugular vein. The administered furosemide must be at least 150 mg but cannot exceed 500 mg per dose administered.

Trainers are responsible for arranging furosemide administration with their private veterinarian and for having their horse available at the appropriate time. Practicing veterinarians will be required to furnish the Chief Commission Veterinarian with several factory-sealed bottles of furosemide, syringes and needles. These will be labeled with the practicing veterinarian's name and will be locked and retained in the Furosemide office.

Official race day furosemide schedules are available in the Furosemide office. On race day, each veterinarian will go to the Furosemide Office to pick up a MGC observer.

The MGC observer will confirm the identity of the horse by tattoo, the presence of the trainer or trainer's designee, and will observe the furosemide administration. They will not restrain the horse or otherwise assist in furosemide administration. The horse handler, not the MGC observer, is responsible for showing the tattoo.

Veterinarians are responsible for providing transportation for themselves and the MGC observer, and making room for the observer in their vehicle. The MGC observer has paperwork that needs to be signed by the trainer or their designee and completed before they can rejoin the veterinarian in their vehicle.

Horses not in their assigned barn/stall or who do not have a person to restrain them will not receive furosemide. If time permits, the veterinarian and MGC observer will return to the untreated horse after the other horses have been treated. Adequate time must be allotted to complete all furosemide administrations.

New in 2015, still the policy: Horses not receiving furosemide by four hours before post-time will be immediately reported to the Chief Commission Steward by the MGC observer. The horse may receive furosemide up to three hours 45 minutes before post-time (15 minute window) and will be allowed to race. They will be considered late for furosemide administration and the Stewards will fine the trainer \$100. If a trainer is late again, fines will progressively increase. If a trainer is repeatedly late, the Stewards may ultimately scratch the horse. If a horse does not receive their furosemide by three hours 45 minutes before post-time, the MGC observer will also immediately report this to the Chief Commission Steward, and the horse will be scratched. On days when post times vary due to special events/ simulcasts etc., trainers should inform their employees that the furosemide treatment deadlines will be different.

After receiving furosemide, the horse is required to remain in the proximity of the stall in the care and control of the trainer or trainer's designated representative.

Horses scheduled to race on furosemide must remain in their assigned stalls or in close proximity until leaving to warm-up. Unless it is a genuine medical emergency, no veterinarian may have contact with a horse after it has received furosemide. If a veterinarian is found in a stall of a horse already treated with furosemide the horse will be scratched. No stomach tubes, medical devices, infrared or laser devices, or other devices should be in the stall after the horse has received furosemide.

FUROSEMIDE LIST - REMOVAL FROM LIST

To remove a horse from the Furosemide List, trainers must submit a written request form with the Official Veterinarian no later than the time of entry into a race for which the change is requested. Once a horse is removed from the Furosemide List, it will not be eligible to use furosemide for a period of 60 calendar days. If a horse is removed from the official furosemide list a second time in a 365 day period, it is not eligible to be put back on the list for a period of 90 calendar days.

GELDED HORSES

The correct sex of a horse MUST be reported to the Jockey Club. It is important for trainers to check that geldings and ridglings are correctly identified at the time of entry and not when they are in the Detention Barn. A colt that has been castrated since his last start should be reported to the Racing Office and Official Veterinarian before that horse is entered.

HEALTH CERTIFICATES

A legible, correctly completed, and signed certificate of veterinary inspection (CVI or health certificate) issued by a veterinarian within 30 days of arrival must accompany each horse shipping onto the grounds for the first time.

The Massachusetts Division of Animal Health requires that each horse be well identified with complete information of Equine Infectious Anemia status recorded on the health certificate. Horses cannot ship in with Coggins “pending” on their health certificate.

INFECTIOUS DISEASES

Vaccinations for Rhinopneumonitis within the last six months are strongly recommended for all horses entering the stable gate at Suffolk Downs. West Nile Virus, Eastern and Western Encephalitis Virus, Influenza, Rabies, and Strangles vaccinations are also recommended.

Any horse in your care that has developed a potentially contagious illness (especially Herpes Virus or Strangles) should be reported immediately to your private veterinarian so other horses in the stable area are not necessarily exposed. Please be considerate and notify one of the Official or Racing Veterinarians about these cases. The Stewards and Security Office will be notified of trainers failing to comply with this policy.

Trainers and/or the owner should report immediately to the Stewards and Official Veterinarian any illness in horses that have been declared to race.

MEDICATIONS

ALLOWED MEDICATIONS

1. Furosemide:

- Horses are allowed to race on furosemide without prior evidence of bleeding but must be entered into the furosemide program prior to entry time.
- According to MGC Rule 4.52.6b furosemide shall be administered IV (intravenously) by the commission licensed veterinarian employed by the

- owner or trainer of the horse. Furosemide will be administered in the LEFT jugular vein.
- The administered furosemide must be at least 150 mg but cannot exceed 500 mg per dose administered and is administered 4 hours before post time.

2. Nonsteroidal anti-inflammatory agents (NSAIDS)

- **One (and only one)** of the following three approved NSAIDS may be used by single intravenous (IV) injection at least 24 hours before post time.
 - Phenylbutazone (bute): The maximum permissible limit of phenylbutazone (bute) is 2 mcg/mL of blood.
 - Flunixin: The maximum permissible limit of flunixin or metabolites is 20 ng/mL of blood.
 - Ketoprofen: The maximum permissible limit of ketoprofen or metabolites is 2 ng/mL blood.
- The use of all but one of the three approved NSAIDs must be discontinued at least 48 hours before the post time for the race in which the horse was entered.

3. Controlled Therapeutic Medications

- Several medications including some corticosteroids, methocarbamol, and others have been added to the list of medications with a permitted level in post-race testing.
- Refer to the list at the end of this document for specific levels, withdrawal times, suggested doses and routes of administration, and detection times.
- **Be WELL advised that these are ONLY suggested doses, routes of administration, and detection times.** Each horse is different in height, weight, and ability to excrete medications.
- The use of several medications at the same time often results in delayed clearance and increased blood levels so plan accordingly.
- **Horses that are dehydrated from lack of water prior to racing, furosemide, hot and humid weather, or other factors will not clear these medications as rapidly and reductions in dose or extending the time period is often needed.**
- **Clenbuterol:** Special care is recommended when prescribing this medication. Studies have been performed and serum levels determined on the trade name product only (Ventipulmin[®]), and compounded products are often at the source of medication overages. The window for withdrawal is 14 days before racing.
- **Methocarbamol:** Care is advised with the oral administration of this medication, especially if multiple day dosing is utilized. The use of compounded products such as paste and powders may result in medication overages. In addition, horses receiving multiple medications may metabolize this drug much more slowly. While the recommended withdrawal time is 72 hours, 96 hours may be a

better choice. Also, take caution when using it in combination with drugs such as phenylbutazone as the time may be extended further due to the drugs' interactions.

OTHER MEDICATIONS

Alkalinizing Agents

- 205 CMR 4.52.9 prohibits the use of agents that elevate a horse's TCO₂ or base excess above those that exist naturally in the horse.
- Collection of blood samples for testing is performed in the horse's own stall before the horse is taken to the paddock. The time to begin testing is determined based on the projected post time for the race and the size of the field to be tested. Generally this occurs 45 to 60 minutes prior to post time. The trainer or his/her designee must be available to restrain the horse and sign the evidence card.
- It is illegal in Massachusetts for anyone to treat entered horses with sodium bicarbonate by nasogastric tube within 24 hours of racing.

Anabolic Steroids

- No Androgenic-anabolic steroids (AAS) shall be permitted in test samples collected from racing horses except for residues of the major metabolite of nandrolone, and naturally occurring substances boldenone and testosterone at concentrations less than the indicated thresholds. Concentrations of these AAS shall not exceed the following plasma or serum thresholds for unchanged (i.e. not conjugated) substance or urine threshold concentrations for total (i.e., free drug or metabolite and drug or metabolite liberated from its conjugates):
- Boldenone: 15 ng/ml of total boldenone in urine of male horses other than geldings, or 25 pg/ml of boldenone in plasma or serum of all horses regardless of sex;
- Nandrolone: 1ng/ml of total nandrolone in urine for fillies, mares and geldings, or 25 pg/ml of nandrolone in plasma or serum for geldings, fillies, and mares, or 45 ng/ml (as 5 α -estrane-3 β , 17 α -diol) in urine in male horses other than geldings
- Testosterone:
 - (1) in geldings - 20 ng/ml total testosterone in urine, or 25 pg/ml of testosterone in plasma or serum;
 - (2) in fillies and mares - 55 ng/ml total testosterone in urine, or 25 pg/ml of testosterone in plasma or serum.

**Please be advised that withdrawal times are very lengthy for anabolic steroids, at the very least 30 days and perhaps as long as 90 days.

General Information

- **No medications other than furosemide may be administered to any horse within 24 hours of a race.** This prohibition includes the use of medications administered by inhalation therapy. Topical ointments, leg rubs and paints, and topically applied products may be used after entry, provided these substances do not contain any of the following: procaine penicillin, chloramphenicol, benzocaine, steroids, ethanol or other medications.
- PLEASE READ ALL LABELS CAREFULLY. Be especially alert to topical products containing ethanol or “alcohol” as these can readily be absorbed through the skin and result in a positive test.
- No drugs or medications are allowed in the Paddock or Test Barn.
- The finding of a drug in a horse’s post-race test is a serious violation. Many drugs stay in a horse’s system well over 48 hours. Trainers should remain well aware of the complete medical histories of their horses and drug detection times. When in doubt, trainers should consult with the Official Veterinarian.

Testing Information

- Industrial Laboratory is the Massachusetts Gaming Commission 2016 contract laboratory.
- Three tubes of blood in addition to urine will be collected from each horse that goes to the detention barn. LC/MS/MS is the testing method used on blood. This methodology is very sensitive and specific and may be different from other racetracks where you have been so please review the medication rules carefully and ask the Official Veterinarian if you have any questions.

MEDICAL/GATE SCRATCHES

Requests to scratch a particular horse for medical reasons should be turned into the Stewards. The Stewards may request that the Official or Racing Veterinarian check the horse's condition before the scratch becomes official. Trainers should follow up on a scratch request to make sure that the Stewards have acted on it. Horses for which a veterinary scratch is being requested should not be medicated or removed from the grounds unless it is a veterinary emergency until the scratch has been approved by the Stewards.

All horses scratched at the starting gate for any reason automatically go on the Veterinarian's List for a minimum of four days. A copy of the entire Veterinarian's List is also posted outside the door in the Detention Barn.

NERVED HORSES

“Nerving” of a horse that is to race is limited to posterior digital nerves only. Horses that have been nerved must be reported to the Official Veterinarian who must approve it for racing. A list of approved horses will be posted in the Racing Secretary’s office.

NON STEROIDAL ANTI-INFLAMMATORY AGENT INFORMATION

(Phenylbutazone, Flunixin, or Ketoprofen)

Prerace:

- **IV phenylbutazone:** A single IV dose of phenylbutazone of 4 mg/kg administered to a healthy horse at 24 hours prior to race time should not result in a post race serum level greater than 2 mcg/ml serum. If you are concerned for any reason (dehydration, prior history of liver or kidney disease, etc.) then 30 hours (24 hours + 6 hours [one half life]) should be utilized. Horses with active liver or kidney disease may take even longer to clear phenylbutazone.
- **IV flunixin: Be very careful with your flunixin dosing.** The testing window is very narrow and overages can occur if you are not careful. Young horses, smaller and thin horses, and fillies seem to be more susceptible and the dose carefully considered based on these factors. Remember that flunixin should be dosed on the weight of the animal and that a one size dose does not fit every horse.
- **IV ketoprofen:** No special notations.
- **Oral phenylbutazone:** The routine administration of 2 grams of oral phenylbutazone at 24 hours prior to a race is **not** recommended and may result in post race serum levels greater than 2 mcg/ml. In addition to the normal practices such as not leaving the feed tub overnight, etc. the dose administered should be lowered and the administration time lengthened.
- **Oral flunixin:** The use of oral flunixin is not recommended.
- **Oral ketoprofen:** The use of oral ketoprofen is not recommended.

Daily feeding:

- The daily feeding of phenylbutazone results in accumulation in the body, delayed excretion, and gradually increasing levels in the blood. If you are feeding phenylbutazone on a daily basis the best recommendation is to stop phenylbutazone at 48-72 hours and switch to ketoprofen or flunixin for prerace administration.
- If you are training on phenylbutazone and flunixin in combination prior to racing and plan to race on phenylbutazone, be advised that the withdrawal time for flunixin may be considerably longer than 48 hours especially in horses with liver disease or other undiagnosed systemic illnesses.

Even though guidelines are followed, overages may occur in certain circumstances or in certain horses. Careful consideration should be given to the use of these agents as an inadvertent violation may occur. Horses that are dehydrated, receiving multiple

medications, or those with liver disease or other systemic illnesses may take considerably longer to clear them from their system.

POST-RACE TEST BARN PROCEDURES

Selection of horses to be tested after a race will not necessarily be based on order of finish. Random testing sometimes occurs. Horse attendants should be prepared to go to the Test Barn whenever a horse is raced and be equipped with MGC license, halter, and lead rope. Horse attendants will have to remain in the Detention Barn until blood and urine have been obtained from their horse and they have signed for it. Horses selected for testing are to be taken directly to the Detention Barn. A minor injury (e.g. grabbed quarter) or lameness of a tagged horse will be evaluated by the Detention Barn Veterinarian (Official Veterinarian). At the discretion of the Official Veterinarian, horses with more serious problems will be treated by their private veterinarian.

1. Employees for the trainer are responsible for bathing and cooling out that horse. This includes claimed horses. Claimed horses remain with the original trainer until post-race testing is complete.
2. Body washes/rubs and leg ointments are **not** allowed in the Detention Barn.
3. No food or beverages, including alcoholic refreshments, may be consumed in the Detention Barn.
4. No smoking is allowed in the Detention Barn.
5. Horses that enter the Detention Barn must be accompanied by an attendant that can stay with the horse until all testing is completed.
6. Each horse will be assigned an individual, clean water bucket. The horse should drink ONLY from this bucket.
7. The Detention Barn provides wash water and scrapers. No sponges will be provided due to the possibility of cross contamination.
8. All persons who enter the Detention Barn must display their I.D. badges and must have a legitimate purpose for being there. Unlicensed people will not be allowed in the Detention Barn.
9. Trainers will be held responsible for the condition and behavior of their employees.
10. Persons who are intoxicated or disorderly will be asked to leave or escorted out by security.
11. For safety reasons, children under 16 years of age will not be allowed in the Detention Barn.

POST RACE URINE/BLOOD SAMPLING

Generally, three tubes of blood will be taken from each horse selected for sampling: two for testing and one for a split. Urine will also be collected. Horses will be kept a minimum of 1 hour to obtain urine. Urine samples obtained will be split, provided that a sufficient quantity was obtained.

Samples and splits will be labeled and sealed in the presence of the trainer or trainer's designated witness. This person will be required to sign as having witnessed the obtaining, labeling and sealing of the sample.

SPLIT SAMPLE TESTING

If a horse tests over the allowed limit of a permitted medication or is positive for other medications, split samples can be sent for additional testing. Several laboratories have agreed to be split sample laboratories and have been approved by the Massachusetts Gaming Commission. The trainer may choose from the list PROVIDED the laboratory has the available equipment and technical expertise to identify the positive sample at qualitative and quantitative levels similar to the original drug testing laboratory and will accept the sample. If this is not the case, the Chief Commission Veterinarian will work to find an alternate lab or labs to perform the split sample.

The request for split sample testing must be made to the Stewards in writing within 3 business days of notification of a violation. Once the decision is made to send a split sample the sample must be shipped within 48 hours.

Trainers are responsible for all costs associated with the shipping and testing of split samples. These costs, usually between \$300 and \$1000, must be paid in advance of split sample testing.

The owner or trainer or his/her designee MUST be present when the sample is removed from the split sample freezer/refrigerator. Failure to appear at the time and place designated by the Chief Commission Veterinarian voids the split sample request.

See the Chief Commission Veterinarian for more information.

TRACK ACCIDENTS

The horse ambulance will remove most horses pulling up badly on the racetrack or involved in an accident. Horses removed by ambulance from the track will generally be taken to a barn and blood samples taken. Catastrophic injuries and dead horses will go directly to the holding area for transport to Tufts School of Veterinary Medicine.

VETERINARIAN'S LIST

Horses are placed on the Veterinarian's List for a wide variety of reasons. These include the following: soreness or lameness before, during, or after a race; illness; sustaining an injury; bleeding during or after a race; medication errors; expired or lack of a current EIA test certificate, etc.

A copy of the Veterinarian's List is posted outside the Detention Barn office. **It is the trainer's responsibility** to know if a horse in their care is on the Veterinarian's List and to arrange to have the horse removed from the list. ANY horse scratched in the paddock, during warm-ups, or on the track surface for any reason at the recommendation of the racing veterinarian will automatically be placed on the Veterinarian's List and **cannot** be removed for a minimum of four days

Procedural Information:

1. Horses will be ineligible to enter or start in a race while on the Veterinarian's List.
2. The **minimum** stay on the Veterinarian's List is an automatic four days. Day 1 is the day the horse is placed on the list.
3. A current Veterinarian's List will be posted outside the Detention Barn office and in the Racing Office.
4. There are three ways to get off the Veterinarian's List:
 - a. You are given an "off date" by the Racing or Official Veterinarian. If this is the case, you need to do nothing, as your horse will automatically be removed on the "off date".
 - b. An Official Veterinarian and/or Racing Veterinarian needs to see and examine your horse (Points 5 and 7 below).
 - c. You will need a "workout" before the Racing and/or Official Veterinarian. (Points 6 and 7 below).
5. Depending on the circumstances, some horses will need a physical examination by a Racing or Official Veterinarian to be removed from the Veterinarian's List. If this is checked on your form, you will need to arrange this in advance. Do not leave it until 15 minutes before entry.
6. Sometimes a horse that is scratched during a warm up for a race will need a satisfactory work out in the presence of the Racing or Official Veterinarian to be removed from the list. You will need to arrange this IN ADVANCE. Do not give bute or other drugs before this is done.
7. Blood and urine may be obtained from any horse needing to get off the Veterinarian's List. The horse may not be removed from the list until blood/urine results are returned.

Controlled Therapeutic Medications

Single Dose Unless Otherwise Noted

<u>Drug</u>	<u>Dose</u>	<u>Route</u>	<u>Threshold</u>	<u>Withdrawal Time</u>
Acepromazine	0.05 mg/kg	IV	10 ng/mL (U)	48 hours
Albuterol	720 micrograms	intra-nasal	1ng/mL (U)	72 hours*
*Administration of albuterol by any means other than intra-nasally has a high likelihood in resulting in a positive finding. This specifically includes oral administration. Trainers and veterinarians are cautioned against using oral albuterol.				
Betamethasone	9 mg in one articular space	IA	10 pg/mL (S)	7 days*
*When administered intramuscular (IM), will exceed regulatory threshold for weeks or even months, making the horse ineligible to race for an extended period.				
Butorphanol	0.1mg/kg	IV	300 ng/mL (U) 2 ng/ml (S)	48 hours 48 hours
Cetirizine	0.4 mg/kg Twice daily for 5 doses	Oral	6 ng/mL (S)	48 hours*
*Do not administer ivermectin within 48 hours of a race if the horse has been treated with cetirizine.				
Cimetidine	20 mg/kg Twice daily for 7 doses	Oral	400ng/mL (S)	24 hours
Clenbuterol	0.8 mcg/kg BID	Oral	140 pg/mL (U) LOD (S)	14 days
Dantrolene	500 mg	Oral	100 pg/mL (S)	48 hours
Detomidine	40 mcg/kg GEL	Oral	1 ng/mL(U) LOD (S)	72 hours 72 hours
Dexamethasone (Na ₃ PO ₄ for IM/IV)	0.05 mg/kg	IV/IM/Oral	5 pg/mL (S)	72 hours

Diclofenac 1%	7.2 grams (5-inch ribbon)	Topical	5 ng/mL (S)	48 hours
*see horsemen's warning at end of this schedule				
DMSO	60 mLs 2 oz.	IV topically in occlusive dressing	10 mcg/mL (S) 10 mcg/mL (S)	48 hours 24 hours
Firocoxib (Equioxx [®])	0.1 mg/kg x 4 days	Oral paste	20 ng/mL (S)	14 days
Flunixin	1.1 mg/kg	IV	20 ng/mL (S)	32 hours
Flunixin antistacking threshold			3.0 ng/mL (S)	>48 hours
Furosemide	up to 500 mg	IV	100 ng/mL	4 hours
Glycopyrrolate	1 mg	IV	3.0 pg/mL (S)	48 hours
Guaifenesin	2 grams Twice daily for 5 doses	Oral	12 ng/mL (S)	48 hours
Isoflupredone	10 mg 20 mg	SQ IA	100 pg/mL (S) 100 pg/mL (S)	7 days 7 days
Ketoprofen	2.2 mg/kg	IV	2 ng/mL (S)	24 hours
Ketoprophen antistacking threshold			1 ng/mL (S)	48 hours
Lidocaine HCl	200 mg	SQ	20 pg/mL (S)	72 hours
Mepivacaine	0.07 mg/kg	SQ	10 ng/mL (U) LOD (S)	72 hours 72 hours
Methocarbamol	15 mg/kg 5 grams	IV Oral	1 ng/mL (S) 1 ng/mL (S)	72 hours* >72 hours*
*When used with phenylbutazone, may be as long as 7 days				
Methylprednisolone	100mg in one articular space	IA	100pg/mL (S)	>21 days*
*When administered intramuscular (IM), will exceed regulatory threshold for weeks or even months, making the horse ineligible to race for an extended period.				
Omeprazole	1 tube (2.2 grams)	Oral paste	10 ng/mL (S)	24 hours

Once daily for 4 doses

Phenylbutazone	4 mg/kg	IV	2 mcg/mL (S)	24 hours
Phenylbutazone antistacking threshold			0.3 mcg/mL	48 hours
Prednisolone	1 mg/kg	Oral	1 ng/mL (S)	48 hours
Procaine Penicillin (administration must be reported to Stewards and horse Must be submitted to 6 hour pre-race surveillance)		IM	25ng/mL (S)	prior to entry
Ranitidine	8mg/kg Twice daily for 7 doses	Oral	40 ng/mL (S)	24 hours
Triamcinolone Acetonide	9 mg in one articular space	IA	100 pg/mL (S)	7 days*

* When administered intramuscular (IM), will exceed regulatory threshold for weeks or even months, making the horse ineligible to race for an extended period.

Xylazine	200 mg	IV	200 pg/mL (S)	48 hours
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U = urine
S = serum

*Horsemen's Warning from HBPA manual: Diclofenac, possibly due to its topical route of administration, has a long terminal half-life and is slowly eliminated. It may potentially be detected in urine for up to seven days or more.

Further information is available at arci.com.

These results are presented as ONLY guidelines and each horse must be evaluated on an individual basis and adjustments made accordingly. Horses used in the administration studies exceeded 1,000 lbs, so when dosing a smaller horse, you should consider decreasing the total dose or increasing the time of dosing before racing.