



Pre-Entry 180-Day Layoff Report

Please add additional sheets if necessary

Name of Horse: \_\_\_\_\_ Tattoo: \_\_\_\_\_

Trainer: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Planned entry date for this horse: \_\_\_\_\_ Type/Condition of race: \_\_\_\_\_

Name of Rider intended to ride this horse: \_\_\_\_\_

Has he/she worked/galloped this horse? Yes No

Type/Condition of last race: \_\_\_\_\_

If claiming race: What was the claiming price? \_\_\_\_\_

Did horse finish its last race? Yes No

If No, why not?

\_\_\_ Bled

\_\_\_ Lamé

\_\_\_ Equipment

\_\_\_ Involved in a spill

\_\_\_ Ambulance off track

\_\_\_ Other: \_\_\_\_\_

Trainer of horse at last race: \_\_\_\_\_ Phone: \_\_\_\_\_

Was this horse placed on the poor performance or veterinarian's list for the last start? Yes No

Reason for Layoff: \_\_\_\_\_

Length of time horse has been under your care: \_\_\_\_\_

Length of time horse has been back in training: \_\_\_\_\_

Any surgery performed on this horse during this layoff? Yes No

If Yes: Date, Type of Surgery & Veterinarian name: \_\_\_\_\_

Any treatment – medical or other – administered during layoff: \_\_\_\_\_

Did this horse miss any time in training while working back from this layoff due to illness or soreness?

Yes No

Date of first work when returning from this layoff: \_\_\_\_\_

Number of workouts since returning from this layoff: \_\_\_\_\_

Date, Distance & Time of last 3 official workouts:

Date: \_\_\_\_\_ Distance: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Distance: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Distance: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Trainer Signature