

Washington Horse Racing Commission

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**2009 Equine Health and Safety  
Report**

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**April 9, 2010**

Washington Horse Racing Commission

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Washington Horse Racing Commission**

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## Table of Contents

	Page
Executive Summary .....	1
Introduction.....	2
Part 1. Equine Medication Testing.....	3
Table 1a. Stewards' Rulings on Medication Violations at Emerald Downs.....	3
Table 1b. Stewards' Rulings on Medication Violations at the Nonprofit Racetracks.....	3
Part 2. Postmortem Examination of Race Horses .....	6
Part 3. Statistical Reports	
Table 2. Status at Time of Fatality.....	7
Table 3. Racing & Training Days, Races & Starters .....	7
Chart 1. Fatalities by Month .....	8
Chart 2. Fatalities by Age and Status.....	8
Chart 3. Organ Systems Affected .....	9
Table 4. Data for Chart 3 - Organ Systems Affected.....	9
Table 5. Musculoskeletal Injuries .....	10
Chart 4. Limbs Affected .....	11
Chart 5. Limb Fatalities by Month.....	11
Chart 6. Limb Fatalities by Age & Month.....	12
Chart 7. Fatalities by Type of Race .....	12
Chart 8. Distance from Start of Race .....	13
Chart 9. Location on Track .....	13
Appendices	
WAC 260-70-610, Storage and Shipment of Split Samples.....	15
WAC 260-70-630, Threshold Levels.....	17
WAC 260-70-640, Permitted Medication.....	19

## **Executive Summary**

The 2009 Equine Health and Safety Report is submitted to the Washington Horse Racing Commission (WHRC) as required by WAC 260-70-510. The annual report includes data on equine medication violations, equine medication and treatment, postmortem examination of racehorses, statistical reports, and quantitative threshold medication levels.

During the 2009 racing season the stewards issued rulings on fifteen medication violations at Emerald Downs: ten for overages of permitted medications, three for presence of prohibited substances, and two for improper medication administration. There were two additional rulings for overages on permitted medications (one phenylbutazone and one flunixin) at the class C nonprofit racetracks.

With the data collected in 2009, the WHRC now has nine years of data available for analysis on racehorse injuries and illnesses. The data from postmortem examinations indicates the majority of fatalities (68.3%) occur during training or racing. The average fatalities per year for the three largest categories are 12.4 during racing, 7.9 during training and 9.2 in the barn area. In 2009, there were thirty-five fatalities: sixteen racing fatalities, eight training fatalities, one fatality in the paddock, and ten fatalities in the barn area due to illness.

Goals for the postmortem program include (1) determining the nature of injuries, (2) determining the cause of injuries, and (3) developing preventative strategies. The partnership between WHRC and Washington State University (WSU) College of Veterinary Medicine focuses on providing accessible data for equine health research.

Last year the WHRC began to reassess its priorities for the necropsy program, due partly to declining parimutuel tax revenues which support the WHRC. Consequently, the WHRC discontinued the Magnetic Resonance Imaging (MRI) examination of racehorse injuries for the 2009 racing season.

“Putting the Horse First,” a white paper by the American Association of Equine Practitioners (AAEP) released on February 18, 2009, contains a comprehensive list of veterinary recommendations for the safety and welfare of the thoroughbred racehorse, which will generate much discussion in the year ahead.

## **Introduction**

The WHRC and its veterinary staff are committed to the health and safety of horses racing in Washington. The 2009 Equine Health and Safety Report is submitted to the WHRC pursuant to WAC 260-70-510. The annual report includes data on equine medication violations, equine medication and treatment, and a review of the WHRC's list of quantitative medication levels.

This was the ninth complete year that the postmortem program has been in operation. This report provides an overview of the WHRC equine health and safety program and consists of three parts:

1. Equine medication testing;
2. Postmortem examination of racehorses; and
3. Statistical reports.

In addition, the appendices include copies of the WHRC rules on equine medications.

## Part 1. Equine Medication Testing

Equine medication testing is required by chapter 260-70 WAC to protect the integrity of horse racing, to ensure the health and welfare of animals under the jurisdiction of the WHRC, and to safeguard the interests of the public and participants in racing.

The equine testing program tests the winner of each race, the winner plus second and third place finishers in stakes races, horses selected at random, and those horses whose action or performance raises questions or concerns from the Stewards or official Veterinarians. Blood and urine samples are collected by WHRC staff and shipped to Truesdail Laboratories, Inc.<sup>1</sup> for testing. Laboratory reports are provided to the WHRC veterinary staff and violations are forwarded to the Stewards for possible enforcement action.

Table 1a provides a six-year summary of Stewards' rulings on equine medication violations at Emerald Downs. During the 2009 race meet Stewards at Emerald Downs issued rulings on fifteen medication violations as follows:

- Ten for overages of permitted medications (nine phenylbutazone, and two furosemide).
- Three for presence of a prohibited class 4 substance (methocarbamol). This medication is used therapeutically, but cannot be present on race day.
- Two for improper medication administration.

<b>Violation</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Overages on permitted medications	13	22	15	12	11	10
Presence of prohibited substances	1	4	3	3	5	3
Improper medication administration	2	2	4	3	2	2
Failure to deliver forms on time	1	1	1	2	0	0
Presence of contraband items	1	0	1	0	0	0
<b>Total</b>	<b>18</b>	<b>29</b>	<b>24</b>	<b>20</b>	<b>18</b>	<b>15</b>

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<sup>1</sup> Truesdail Laboratories just announced their completion of the accreditation process to the international standard for laboratories performing testing on racing animals, as recommended by the Racing Medication and Testing Consortium (ISO/IEC GUIDE 17025). While previously accredited by the American National Standards Institute since 1997, it is now accredited for all major types of testing performed by equine testing laboratories. In addition, the lab is approved to test materials seized at the tracks.

*2009 Equine Health and Safety Report  
Washington Horse Racing Commission*

In 2009 there were two rulings for overages on permitted medications (one phenylbutazone and one flunixin) at the class C nonprofit racetracks (see Table 1b).

<b>Table 1b. Stewards' Rulings on Medication Violations at the Nonprofit (class C) Racetracks, 2004-2009</b>						
<b>Violation</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Overages on permitted medications	1	2	3	0	3	2
Presence of prohibited substances	0	0	0	1	1	0
Improper medication administration	0	0	0	0	0	0
Failure to deliver forms on time	0	0	0	0	0	0
Presence of contraband items	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>2</b>

### **Medication Rules**

The following is provided to clarify the differences in permitted medications, prohibited substances, and quantitative threshold medications:

#### **Permitted medications**

The permitted medication rule, WAC 260-70-640 (see Appendices), allows one non-steroidal anti-inflammatory drug (NSAID) to be administered no closer than twenty-four hours before post time. The three permitted NSAIDs are flunixin (banamine), ketoprofen (ketofen), and the traditional NSAID, phenylbutazone.

#### **Prohibited substances**

According to WAC 260-70-620 “prohibited substances” include:

- (a) Drugs or medications for which no acceptable threshold concentration has been established;
- (b) Therapeutic medications in excess of established threshold concentrations;
- (c) Substances present in the horse in excess of concentrations at which such substances could occur naturally; and
- (d) Substances foreign to a horse at concentrations that cause interference with testing procedures.

*Please note that the prohibited substances reported at both Emerald Downs and the class C tracks are therapeutic medications commonly used in horses, but can not be present on race day.*

#### **Quantitative threshold medications**

Current quantitative threshold levels for medications and environmental contaminants are listed in WAC 260-70-630, Threshold Levels (see Appendices). This permits presence of certain medications in test samples up to the stated concentrations.

**Model Rules**

Over the next several years the Racing Medication and Testing Consortium (RMTC) is expected to provide concentration thresholds for forty-four medications to the Model Rules Committee of the Association of Racing Commissioners International (ARCI). The establishment of these concentrations is being determined by scientific research. If adopted by the ARCI, these thresholds will be submitted to the WHRC for adoption in Chapter 260-70 WAC.

## **Part 2. Postmortem Examination of Racehorses**

The WHRC established a postmortem program to examine horses that died at Emerald Downs beginning in 2001. This was a joint effort of Washington's horse racing industry, which includes the Washington Horsemen's Benevolent and Protective Association (HBPA), Northwest Racing Associates, LP (Emerald Downs), and Washington Animal Disease Diagnostic Laboratory (WADDL) at Washington State University College of Veterinary Medicine. Necropsies are conducted on horses that have suffered catastrophic injuries during racing and training, as well as those who died from illness or from no apparent cause.

The WHRC has had three goals since the beginning of the postmortem program in partnership with WADDL and the horse racing industry:

1. Determining the nature of injuries suffered by racehorses in the state.
2. Determining the causes of those injuries.
3. Developing preventative strategies for reducing the number of injuries.

When a horse dies at Emerald Downs, WHRC staff transport the horse by refrigerated truck to WADDL for postmortem examination. At WADDL, each horse is systematically examined and detailed injury information and pertinent clinical data are recorded. Various specimens from the necropsies are shared with faculty at WSU College of Veterinary Medicine for analysis of specific injuries. Final reports are submitted to WHRC veterinary staff and are available to be shared with the owner, trainer and practicing veterinarian.

### **“Putting the Horse First”**

On February 18, 2009, the American Association of Equine Practitioners (AAEP) released a “white paper” which contained a comprehensive list of veterinary recommendations for the safety and welfare of the thoroughbred racehorse. By promoting the health and safety of racehorses, the AAEP hoped to shore up the image of the horse racing industry which has been marred by doping scandals and catastrophic injuries at major events. These recommendations generated much discussion at the national level and resulted in the development of new model rules which will require new rules and regulations and/or legislation to implement.

Some of the key recommendations included:

- The adoption of uniform rules of medication usage, testing, security and enforcement by all industry participants.
- A period of rest for all horses to provide an opportunity to refresh and diminish the volume of persistent cyclic loading that occurs in the absence of rest.
- No horse shall be permitted to race within 10 days of its last start.
- Uniform participation by all jurisdictions in injury reporting for both racing and training injuries.

### Part 3. Statistical Reports

This report summarizes postmortem results for calendar years 2001-2009. The data from this period addresses the first goal of the necropsy program - determining the nature of injuries.

<b>Table 2. Status at Time of Fatality, 2001-2009</b>									
Year	2001	2002	2003	2004	2005	2006	2007	2008	2009
Racing	9	13	10	8	18	10	14	11	16
Starting Gate	0	0	0	1	0	1	1	0	0
Training	8	6	8	3	8	8	11	11	8
Paddock	1	0	0	0	0	0	0	0	1
Barn	5	8	13	8	7	9	9	14	10
Total	23	27	31	20	33	28	35	36	35

Table 2 shows the fatalities by status at the time of the incident, indicating that 68.3 percent of fatalities (183 of 268) occur during training or racing. The average fatalities per year for the three largest categories are 12.4 during racing, 7.9 during training and 9.2 in the barn area. The total number of fatalities in 2009 at thirty-five was similar to 2007 and 2008, but a little higher than the long-term average at 29.8 per year.<sup>2</sup>

<b>Table 3. Number of Racing Days, Training Days, Races &amp; Starters, 2001-2009</b>									
Year	2001	2002	2003	2004	2005	2006	2007	2008	2009
Racing Days	96	91	91	90	101	90	91	91	91
Training Days	226	224	231	231	258	238	241	240	238
Races	854	829	830	813	925	822	824	827	815
Starters	6,684	6,457	6,069	5,894	7,237	6,456	6,252	6,362	6,058
Racing Fatalities	10	13	10	9	18	11	15	11	16
Fatalities/1,000 Starts	1.50	2.01	1.65	1.53	2.49	1.70	2.40	1.73	2.64

Table 3 provides data on the number of live race days, training days and starters by year at Emerald Downs. The statistics for 2009 are similar to the nine-year averages.<sup>3</sup>

Chart 1 is a summary by month showing that the majority of fatalities over the past eight years have occurred in May, although late season injuries are also common.

<sup>2</sup> Fluctuations are likely to occur by year due to the relatively small number of incidents in each category.

<sup>3</sup> Note that starting gate and paddock fatalities are included with racing fatalities as summarized hereafter in this report.

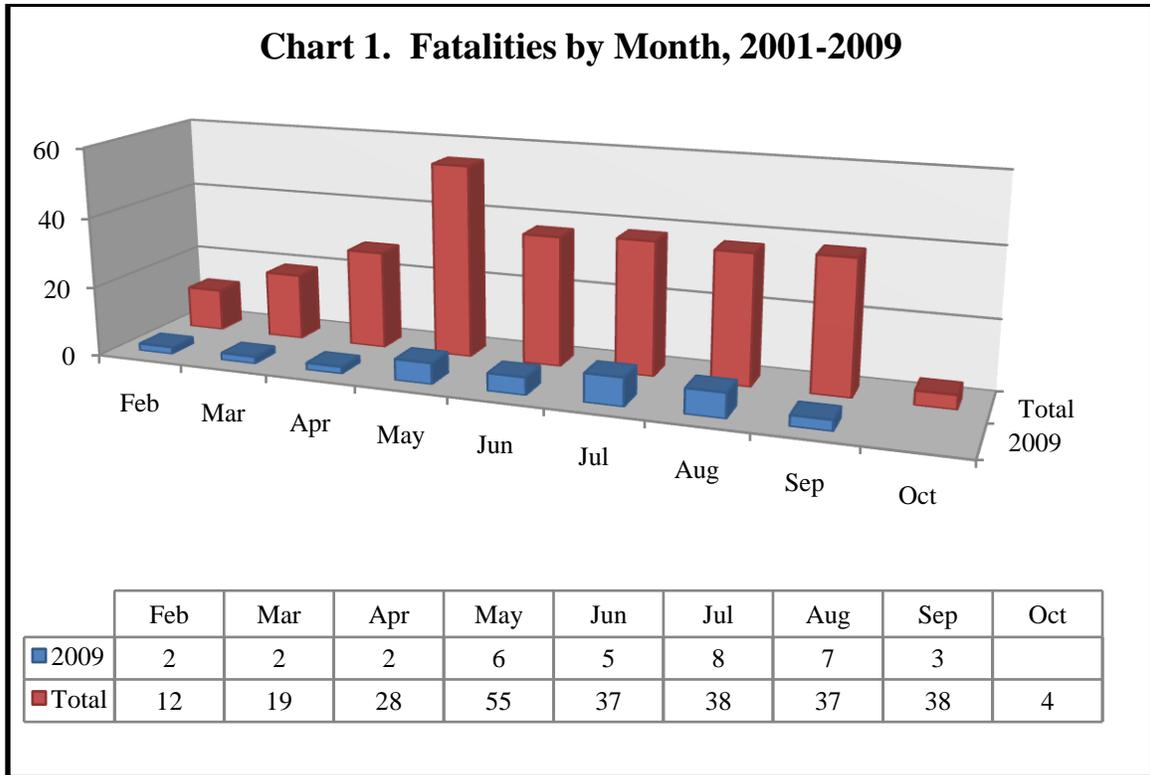
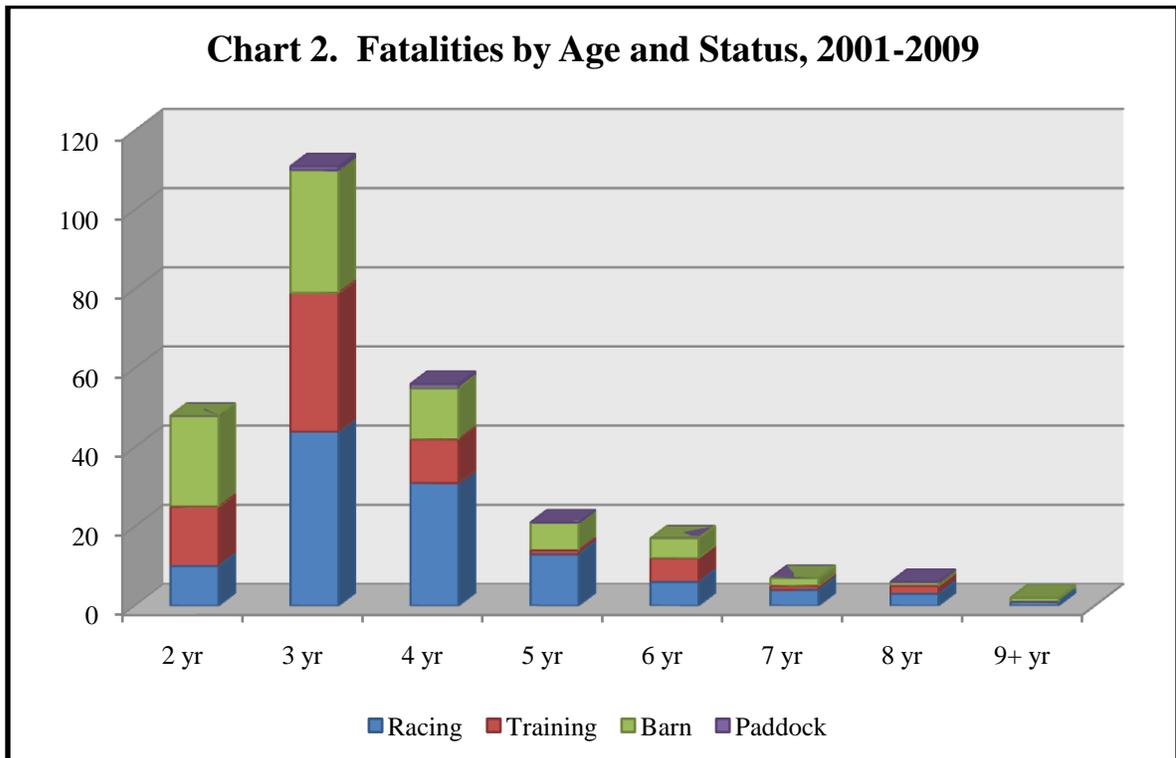


Chart 2 shows that the majority of fatalities were three year olds presumably because more three year olds race than other ages.



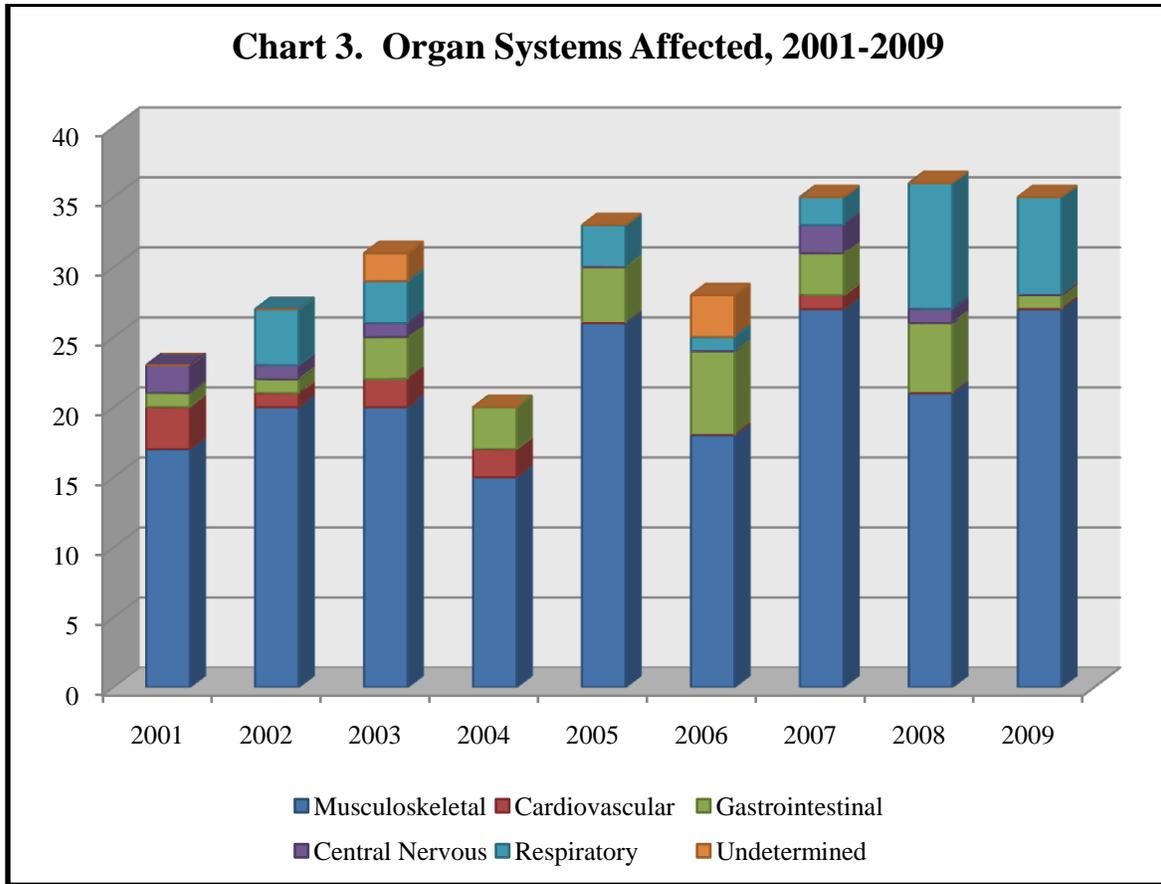


Chart 3 shows that approximately 71.3 percent of the horse fatalities (191 of 268) over the past nine years were due to injuries of the musculoskeletal system. For 2009 the percentage was 77.1 percent. The data for Chart 3 is displayed below in Table 4.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
Musculoskeletal	17	20	20	15	26	18	27	21	27	191
Cardiovascular	3	1	2	2	0	0	1	0	0	9
Gastrointestinal	1	1	3	3	4	6	3	5	1	27
Central Nervous	2	1	1	0	0	0	2	1	0	7
Respiratory	0	4	3	0	3	1	2	9	7	29
Undetermined	0	0	2	0	0	3	0	0	0	5
<b>Total</b>	<b>23</b>	<b>27</b>	<b>31</b>	<b>20</b>	<b>33</b>	<b>28</b>	<b>35</b>	<b>36</b>	<b>35</b>	<b>268</b>

## Musculoskeletal Injuries

Musculoskeletal injuries include those occurring to all muscles, tendons, ligaments, joints and bones. Some horses had more than one injury; therefore, the total number of injuries may be greater than the number of horses. In 2009 twenty-seven horse fatalities had a total of thirty injuries.

<b>Table 5. Musculoskeletal Injuries, 2001-2009</b>										
Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
Carpus	2	4	4	1	9	4	5	3	3	35
Humerus	2	1	3	1	6	2	3	4	4	26
Scapula	0	4	0	0	2	0	2	2	0	10
Metacarpal	2	2	3	3	2	1	5	6	2	26
Metatarsal	2	0	0	0	1	1	2	1	0	7
Pastern	3	3	3	2	4	5	1	1	2	24
Sesamoids	4	3	5	4	5	2	8	8	7	46
Suspensory	0	1	1	0	2	1	2	3	3	13
Tibia	1	1	0	1	0	0	2	0	0	5
Vertebra	1	0	1	0	1	0	1	0	2	6
Laminitis	1	0	0	0	1	2	0	0	0	4
Flexor Tendon	0	0	1	0	3	1	1	2	2	10
Olecranon	0	0	0	1	0	0	0	0	0	1
Pelvis	0	0	0	1	0	1	1	0	0	3
Rib	0	0	0	0	1	0	0	0	0	1
Skull	0	0	0	0	0	1	1	0	4	6
Femur	0	0	0	0	0	0	1	0	1	2
Muscle Laceration	0	0	0	0	0	0	1	0	0	1
<b>Total</b>	<b>18</b>	<b>19</b>	<b>21</b>	<b>14</b>	<b>37</b>	<b>21</b>	<b>36</b>	<b>30</b>	<b>30</b>	<b>226</b>
Percent	8.0%	8.4%	9.3%	6.2%	16.4%	9.3%	15.9%	13.3%	13.3%	100.0%

The largest category, musculoskeletal injuries, is further broken down in Table 5.

- The largest number (59) for the last nine years was due to injuries of the suspensory apparatus (13 suspensory ligament and 46 sesamoid bone injuries).
- There were 185 limb injuries in the last nine years of which 85.9 percent were to the front limbs (159 of 185), as shown on Chart 4.
- Injuries to the right front limbs are more common than left front. However, in 2009 the left and right front limbs were affected equally at nine injuries each.

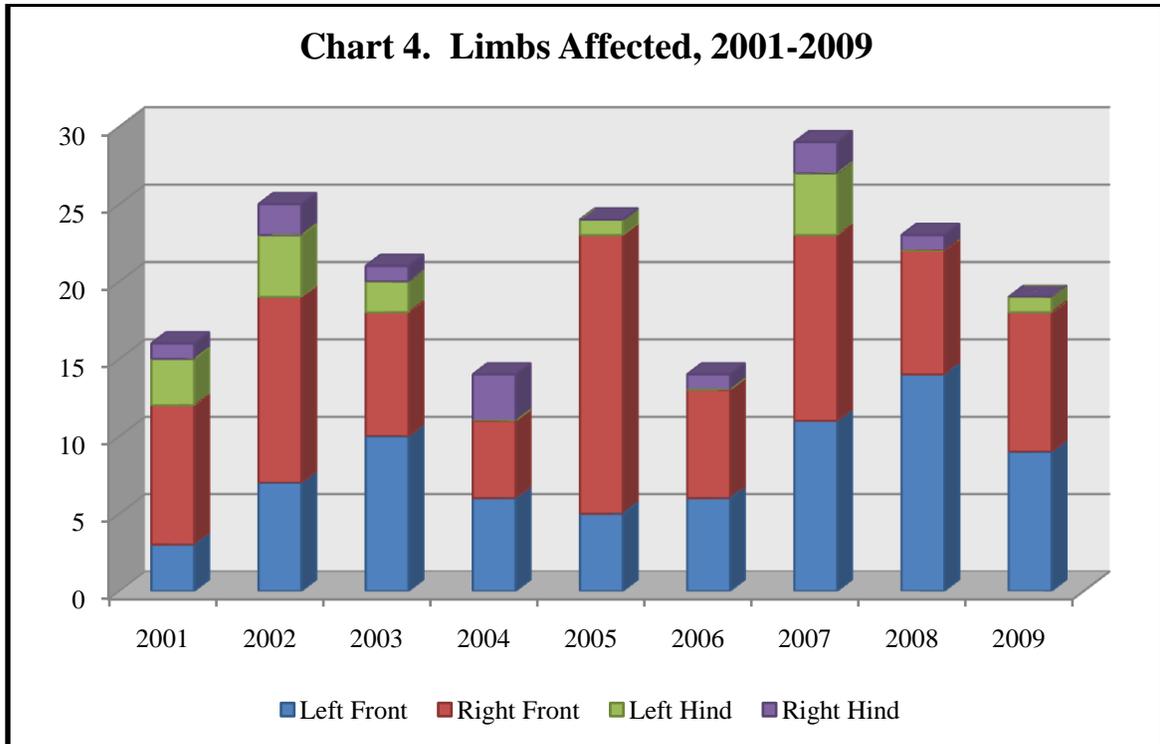
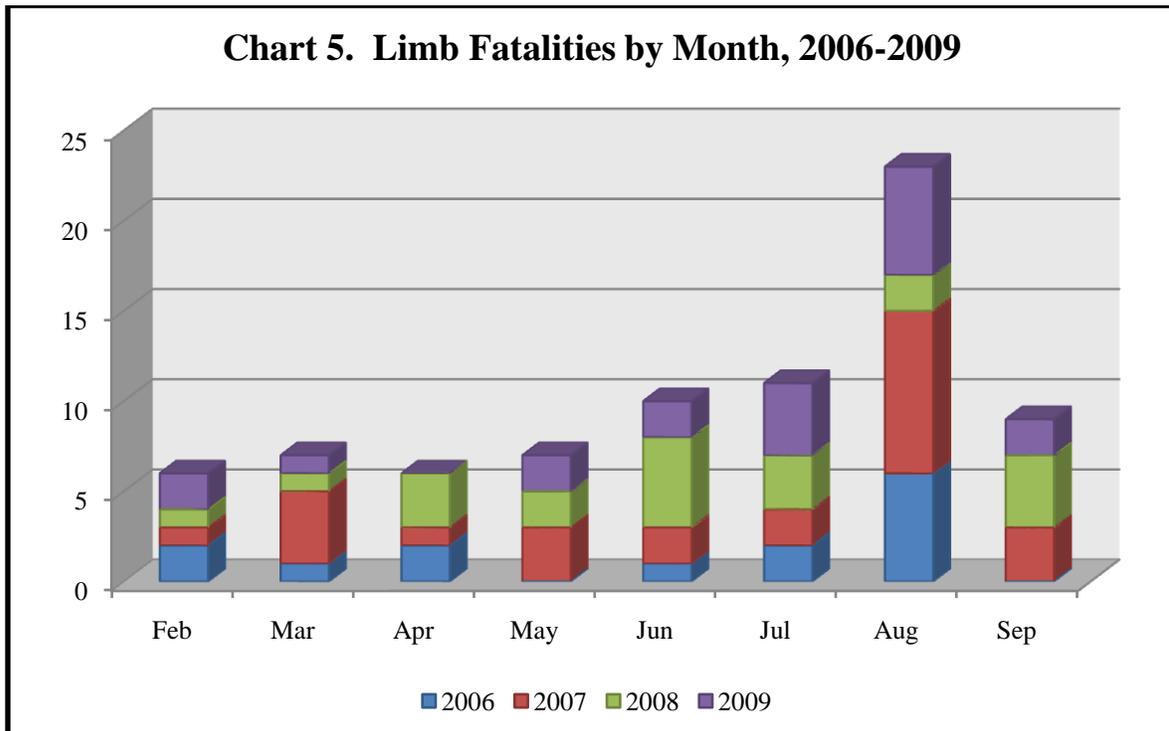


Chart 5 shows the monthly pattern of limb fatalities that occurred in 2009 consistent with the four-year total of limb fatalities, 2006-2009.



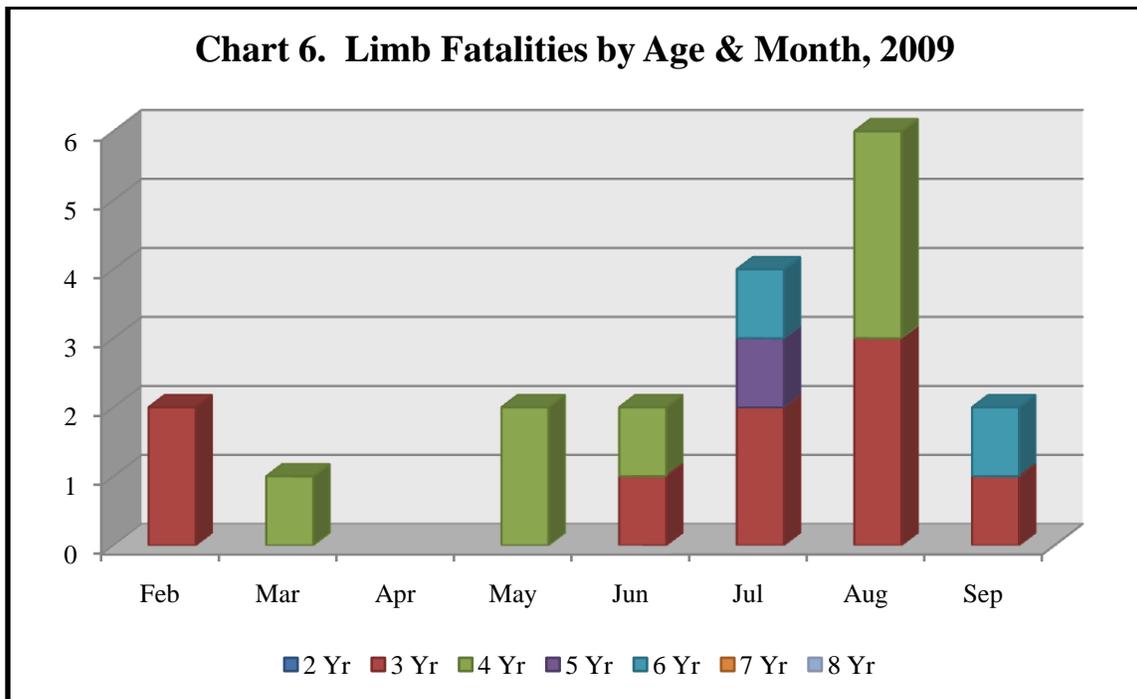
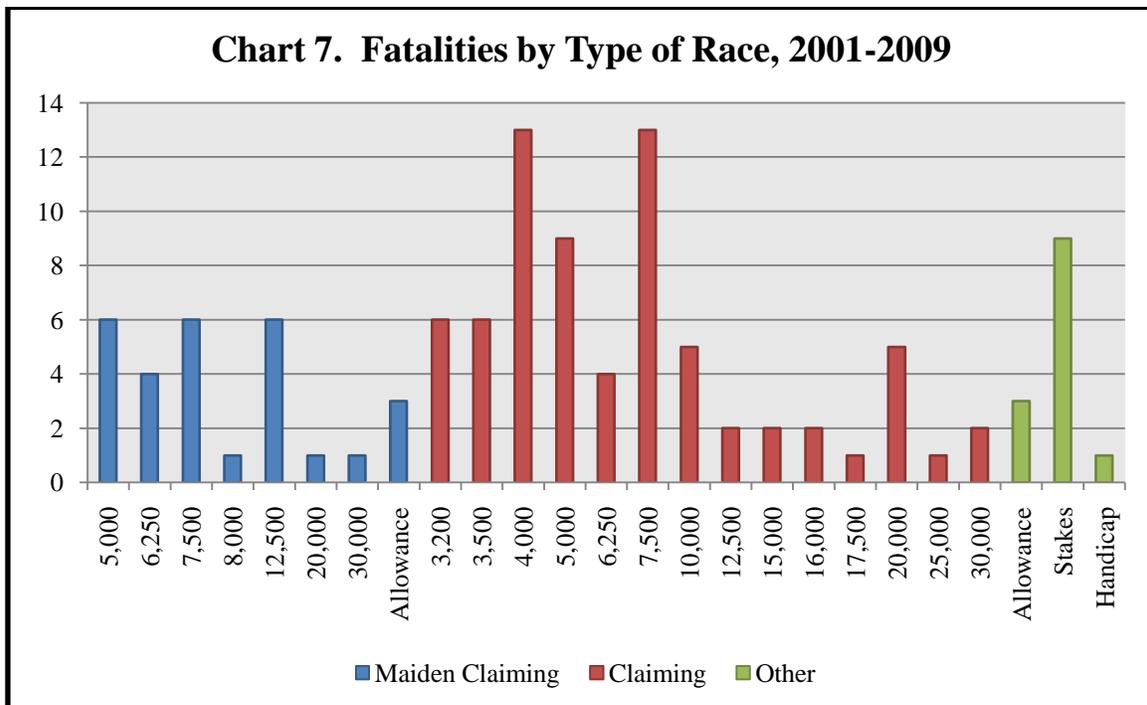


Chart 6 shows limb fatalities by age and month for 2009. There are more catastrophic injuries in lower claiming (\$12,500 or less) and stakes races as shown in Chart 7.



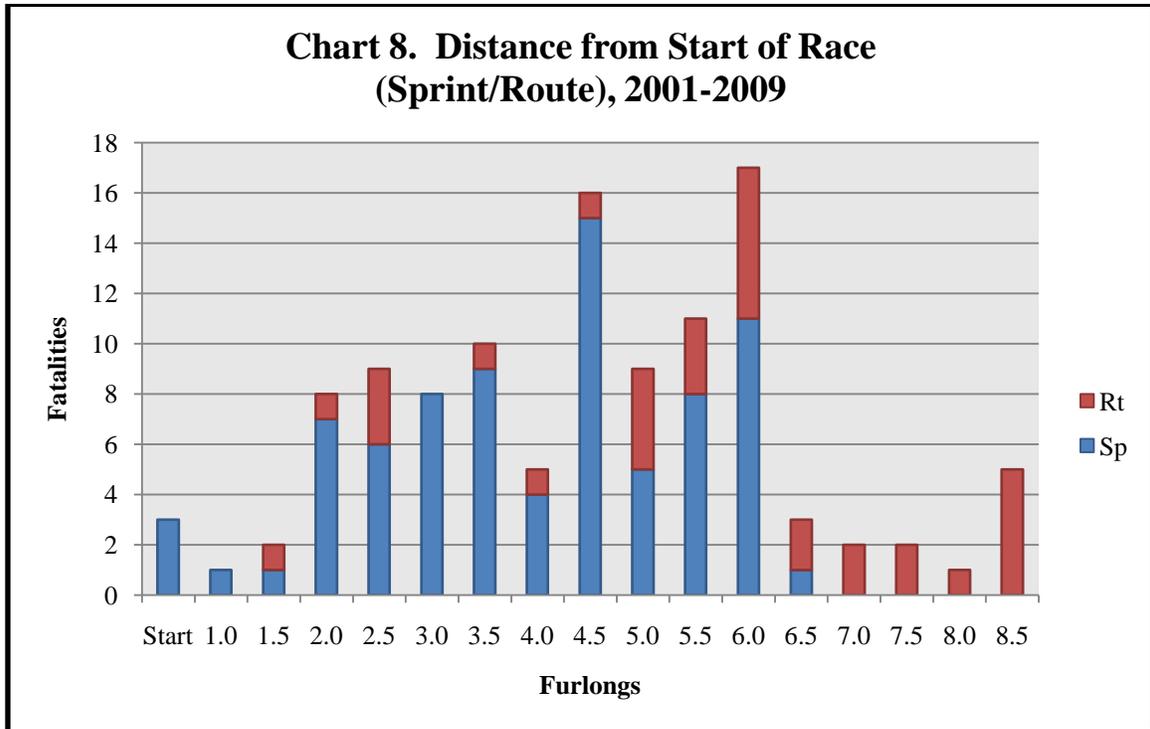
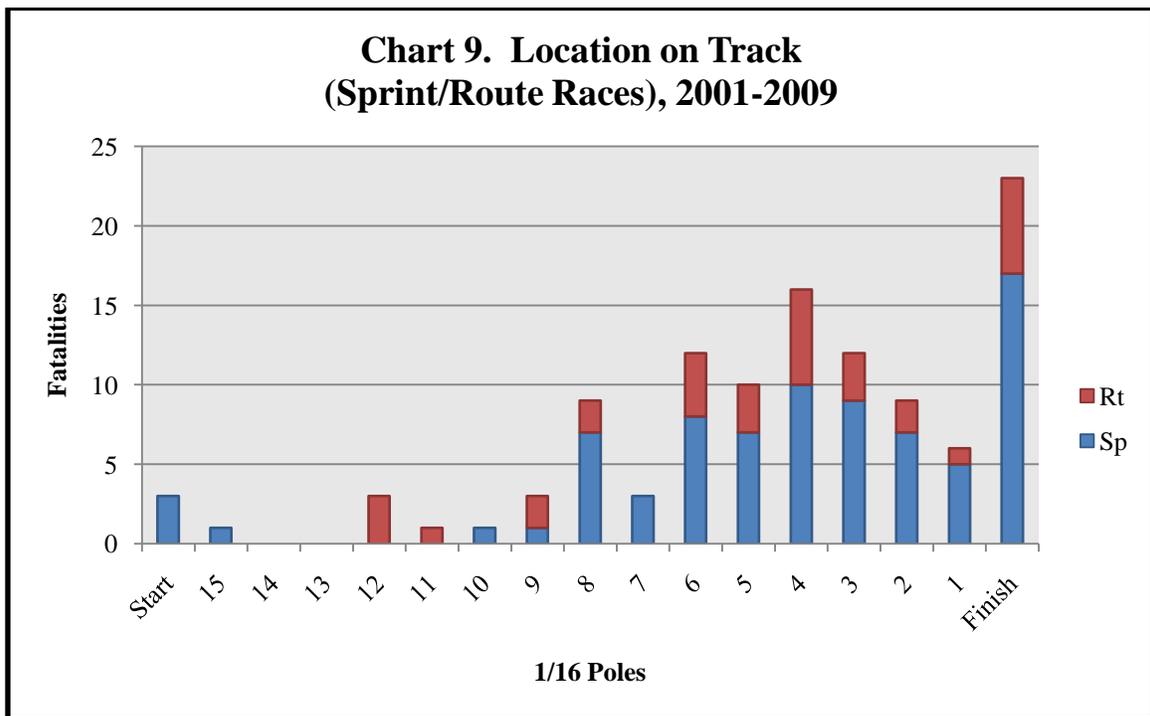


Chart 8 shows the distance from the start of the race in furlongs (1/8 of a mile) for fatal injuries with sprint races 6.5 furlongs or less and route races longer than 6.5 furlongs. Chart 9 shows the location of fatal injuries on the track by sixteenth pole marker.



# **Appendices**

**WAC 260-70-610 Storage and Shipment of Split Samples.**

(1) Split samples obtained in accordance with WAC 260-70-600 (2)(b) and (c) will be secured and made available for further testing in accordance with the following procedures:

(a) A split sample must be secured in the test barn in the same manner as the primary sample acquired for shipment to a primary laboratory. The split samples will be stored until the primary samples are packed and secured for shipment to the primary laboratory. Split samples will then be transferred to a freezer at a secure location approved by the executive secretary.

(b) A freezer used to store split samples will be closed and locked at all times except as specifically provided by these rules.

(c) A freezer for storage of split samples may only be opened to deposit or remove split samples, for inventory, or for checking the condition of samples.

(d) An official veterinarian will maintain a split sample log that must be used each time a split sample freezer is opened. The log will record the following:

(i) The name of the person opening the split sample freezer;

(ii) The purpose for opening the freezer;

(iii) The split samples deposited or removed from the freezer;

(iv) The date and time the freezer was opened;

(v) The time the freezer was closed; and

(vi) A notation verifying that the lock was secured after the freezer was closed.

(e) If at any time it is discovered that the split sample freezer failed or samples were discovered not in a frozen condition, an official veterinarian must document this discovery on the split sample freezer log and immediately report this to the executive secretary.

(2) A trainer or owner of a horse having been notified that a written report from a primary laboratory states that a substance has been found in a specimen obtained pursuant to these rules may request that a split sample corresponding to the portion of the specimen tested by the primary laboratory be sent to another laboratory approved by the Commission. The request must be made in writing and delivered to the stewards not later than forty-eight hours after the trainer of the horse receives written notice of the findings of the primary laboratory. The split sample must be shipped within seventy-two hours of

*2009 Equine Health and Safety Report  
Washington Horse Racing Commission*

the delivery of the request for testing to the stewards.

(3) The owner or trainer requesting testing of a split sample is responsible for the cost of shipping and testing. A split sample must be removed from the split sample freezer, and packaged for shipment by an official veterinarian or designee in the presence of the owner, trainer, or designee. Failure of the owner, trainer or designee to appear at the time and place designated by an official veterinarian to package the split sample for shipping will constitute a waiver of all rights to split sample testing. Prior to shipment, the split sample laboratory's willingness to provide the testing requested and to send results to both the person requesting the testing and the commission, must be confirmed by an official veterinarian. Arrangements for payment satisfactory to the split sample laboratory must also be confirmed by the owner or trainer. A laboratory for the testing of a split sample must be approved by the commission. The commission will maintain a list of laboratories approved for testing of split samples.

(4) Prior to opening the split sample freezer, the commission must provide a split sample chain of custody verification form. The split sample chain of custody verification form must be completed and signed by the representatives of the commission and the owner, trainer or designee. A commission representative will keep the original and provide a copy to the owner, trainer or designee.

The split sample chain of custody verification form must include the following:

- (a) The date and time the sample is removed from the split sample freezer;
- (b) The sample number;
- (c) The address where the split sample is to be sent;
- (d) The name of the carrier and the address where the sample is to be taken for shipment;
- (e) Verification of retrieval of the split sample from the freezer;
- (f) Verification of each specific step of the split sample packaging in accordance with the recommended procedure;
- (g) Verification of the address of the split sample laboratory on the split sample package;
- (h) Verification of the condition of the split sample package immediately prior to transfer of custody to the carrier; and
- (i) The date and time custody of the sample is transferred to the carrier.
- (j) The split sample chain of custody verification form must be signed by both the

owner's representative and an official veterinarian or designee to confirm the packaging of the split sample.

(5) The exterior of the package must be secured and identified with initialed tape, evidence tape or other means to prevent tampering with the package. The owner, trainer or designee may inspect the package containing the split sample immediately prior to transfer to the delivery carrier to verify that the package is intact and has not been tampered with.

(6) The package containing the split sample will be transported to the location where custody is transferred to the delivery carrier charged with delivery of the package to the commission approved laboratory selected by the owner or trainer.

[Statutory Authority: RCW 67.16.020 and 67.16.040. 07-07-036, § 260-70-610, filed 3/12/07, effective 4/12/07; 06-09-009, § 260-70-610, filed 4/10/06, effective 5/11/06; 05-07-067, § 260-70-610, filed 3/11/05, effective 4/11/05. Statutory Authority: RCW 67.16.020. 03-11-018, § 260-70-610, filed 5/12/03, effective 6/12/03. Statutory Authority: RCW 67.16.040. 96-10-001, § 260-70-610, filed 4/17/96, effective 5/18/96.]

## **WAC 260-70-630 Threshold levels.**

(1) Permitted medications.

(a) The following quantitative medications are permissible in test samples up to the stated concentrations:

Procaine - 25 ng/ml urine  
Benzocaine - 50 ng/ml urine  
Mepivacaine - 10 ng/ml urine  
Lidocaine - 50 ng/ml urine  
Bupivacaine - 5 ng/ml urine  
Clenbuterol - 25 pg/ml serum or plasma  
Acepromazine - 25 ng/ml urine  
Promazine - 25 ng/ml urine  
Salicylates - 750,000 ng/ml urine  
Albuterol - 1 ng/ml urine  
Pyrilamine - 50 ng/ml urine  
Theobromine - 2000 ng/ml urine

(b) The official urine or blood test sample may not contain more than one of the above substances, including their metabolites or analogs, and may not exceed the concentrations established in this rule.

(2) Environmental substances.

(a) Certain substances can be considered "environmental" in that they are endogenous to the

*2009 Equine Health and Safety Report  
Washington Horse Racing Commission*

horse or that they can arise from plants traditionally grazed or harvested as equine feed or are present in equine feed because of contamination or exposure during the cultivation, processing, treatment, storage, or transportation phases. Certain drugs are recognized as substances of human use and could therefore be found in a horse. The following substances are permissible in test samples up to the stated concentrations:

Caffeine - 100 ng/ml serum or plasma  
Benzoyllecgonine - 50 ng/ml urine  
Morphine Glucuronides - 50 ng/ml urine

(b) If a preponderance of evidence presented shows that a positive test is the result of environmental substance or inadvertent exposure due to human drug use, that evidence should be considered as a mitigating factor in any disciplinary action taken against the trainer.

(3) Androgenic-anabolic steroids.

(a) The following androgenic-anabolic steroids are permissible in test samples up to the stated concentrations:

Stanozolol (Winstrol) - 1 ng/ml urine in all horses regardless of sex.

Boldenone (Equipose) - 15 ng/ml urine in intact males. No level is permitted in geldings, fillies or mares.

Nandrolone (Durabolin) - 1 ng/ml urine in geldings, fillies, and mares, and for nandrolone metabolite (5 $\alpha$ -oestrane-3 $\beta$ ,17 $\alpha$ -diol) - 45 ng/ml urine in intact males.

Testosterone - 20 ng/ml urine in geldings. 55 ng/ml urine in fillies and mares. Samples from intact males will not be tested for the presence of testosterone.

(b) All other androgenic-anabolic steroids are prohibited in race horses.

[Statutory Authority: RCW 67.16.020 and 67.16.040. 08-17-051, § 260-70-630, filed 8/14/08, effective 9/14/08; 08-05-091, § 260-70-630, filed 2/15/08, effective 6/1/08; 06-09-009, § 260-70-630, filed 4/10/06, effective 5/11/06; 05-07-067, § 260-70-630, filed 3/11/05, effective 4/11/05. Statutory Authority: RCW 67.16.020. 04-05-095, § 260-70-630, filed 2/18/04, effective 3/20/04; 03-11-019, § 260-70-630, filed 5/12/03, effective 6/12/03. Statutory Authority: RCW 67.16.040. 96-10-001, § 260-70-630, filed 4/17/96, effective 5/18/96.]

## **WAC 260-70-640 Permitted Medication.**

Trainers using permitted medication in the care of their horses are subject to all rules governing such medications. Failure to administer permitted medication to a horse on a program of permitted medication is a violation of these rules.

(1) The use of one of three approved nonsteroidal anti-inflammatory drugs (NSAIDs) is permitted under the following conditions:

(a) The drug may not exceed the following permitted serum or plasma threshold concentrations, which are consistent with administration by a single intravenous injection at least twenty-four hours before the post time for the race in which the horse is entered:

(i) Phenylbutazone - 5 micrograms per milliliter;

(ii) Flunixin - 50 nanograms per milliliter;

(iii) Ketoprofen - 10 nanograms per milliliter.

(b) No NSAID, including the approved NSAIDs listed in this rule, may be administered within the twenty-four hours before post time for the race in which the horse is entered.

(c) The presence of more than one of the three approved NSAIDs, with the exception of phenylbutazone in a concentration below 1 microgram per milliliter of serum or plasma or any unapproved NSAID in the post-race serum or plasma sample is not permitted. The use of all but one of the approved NSAIDs must be discontinued at least forty-eight hours before the post time for the race in which the horse is entered.

(2) Any horse to which a NSAID has been administered is subject to having a blood and/or urine sample(s) taken at the direction of an official veterinarian to determine the quantitative NSAID level(s) and/or the presence of other drugs which may be present in the blood or urine sample(s).

[Statutory Authority: RCW 67.16.020 and 67.16.040. 08-09-044, § 260-70-640, filed 4/10/08, effective 5/11/08; 07-07-036, § 260-70-640, filed 3/12/07, effective 4/12/07; 06-09-009, § 260-70-640, filed 4/10/06, effective 5/11/06; 05-07-067, § 260-70-640, filed 3/11/05, effective 4/11/05. Statutory Authority: RCW 67.16.040. 96-10-001, § 260-70-640, filed 4/17/96, effective 5/18/96.]