WASHINGTON HORSE RACING COMMISSION

VETERINARIAN REPORT

VETERINARIAN SIGNATURE	
RACE TRACK	DATE

8.m. p.m. a.m. p.m. a.m. p.m. p.m.			
a.m. p.m.			
TIME DISPENSED	NAME OF TRAINER	NAME OF HORSE	NSAID

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VETERINARIAN REPORT

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