

DELAWARE HARNESS RACING COMMISSION

NOTIFICATION OF REMOVAL FROM AMICAR PROGRAM

I hereby request that the below named horse be removed from the **Amicar Program**.

I understand that removal from the “**Amicar Program**”, named horse must remain off **Amicar for at least ninety (90) days**.

NAME OF HORSE

TATTOO NUMBER

TRAINER'S NAME (PRINT)

DATE

TRAINER'S SIGNATURE

BLEEDER MEDICATION VET