

DELAWARE HARNESS RACING COMMISSION

REQUEST TO USE AMICAR

NAME OF HORSE _____ DATE: _____

TATTOO NUMBER _____ TRACK: _____

Only horses that are **ON SALIX (furosemide)** may be given Amicar.

Amicar may be used only **in addition to Salix**; never without Salix.

Trainers must declare use of Amicar when the horse is **entered**.

Once on Amicar, a horse must remain **on Amicar** for at least **30** calendar days; if removed from Amicar, a horse must remain **off Amicar** for at least **90** calendar days.

Amicar will not be administered at the same time as Lasix. Amicar will be given by the Bleeder Medication Veterinarian (formerly "Lasix Vet") in the horse's **race stall, 60 to 90 minutes prior to racing**.

TRAINER'S NAME (PRINT) _____

TRAINER'S SIGNATURE _____

APPROVED _____ DATE: _____
(Bleeder Medication Vet)

IN REFERENCE TO RULE 8.3.5