

RACING TREATMENT RECORD BOOK

Under the rules of Thoroughbred and Harness racing all licensed trainers are required to keep accurate records of all treatment administered to a racing horse.

THOROUGHBRED Rule AR 104 Trainers must keep treatment records

- (1) A trainer must record any medication or treatment administered to any horse in the trainer's care by midnight on the day on which the administration was given.
- (2) For the purpose of subrule (1), each record of administration must include the following information:
 - (a) the name of the horse.
 - (b) the date and time of administration of the treatment or medication.
 - (c) the name of the treatment or medication administered (brand name or active constituent).
 - (d) the route of administration including by injection, stomach tube, orally, topical application or inhalation.
 - (e) the amount of medication given (if applicable).
 - (f) the duration of treatment (if applicable).
 - (g) the name and signature of the person/s administering and/or authorising the administration of the treatment or medication.
 - (h) the reason for administering the treatment or medication. [sub rule amended 1.2.21]
- (3) For the purposes of this rule "treatment" includes:
 - (a) shock wave therapy.
 - (b) acupuncture (including laser treatment).
 - (c) chiropractic treatment.
 - (d) the use of any electrical stimulation device (including transcutaneous electrical nerve stimulation (TENS);
 - (e) magnetic field therapy.
 - (f) ultrasound; 57
 - (g) any form of oxygen therapy, including hyperbaric oxygen therapy.
 - (h) the taking of a blood sample.
- (4) For the purposes of this rule "medication" includes:
 - (a) all Controlled Drugs (Schedule 8) administered by a veterinarian.

(b) all Prescription Animal Remedies (Schedule 4), including those listed in Schedule 1, Part 2, Division 2 to these Australian Rules; QRIC/2017/3578 V1.01 Racing Treatment Record Book Queensland Racing Integrity Commission

- (c) all Prescription Only Medicines (Schedule 4) prescribed and/or dispensed by a veterinarian for off-label use.
- (d) all injectable veterinary medicines (intravenous, intramuscular, subcutaneous, intra-articular) not already referred to above.
- (e) all Pharmacist Only (Schedule 3) and Pharmacy Only (Schedule 2) medicines.
- (f) all veterinary and other medicines containing other scheduled and unscheduled prohibited substances.
- (g) all alkalinising agents.
- (h) all herbal preparations.
- (5) All records required to be kept in accordance with this rule must be retained by the trainer for at least 2 years.
- (6) When requested, a trainer must make available to the Stewards the record of any administration of a treatment and/or medication required under subrule (1).

Harness Rule 190B – Logbook

- (1) A trainer shall at all times keep and maintain a log book:-
 - (a) listing all therapeutic substances in his or her possession
 - (b) recording all details of treatment administered to a horse in his or her possession
- (2) A trainer shall upon request produce such log book or register for inspection by the Stewards.
- (3) A trainer who fails to comply with the provisions of sub rule (1) or (2) is guilty of an offence

Record of purchase of all treatments

Treatment	Duration	Reason	Volume	Purchased/Supplied by	Discard date

Racing name of Horse	Date of treatment	Time Treatment Administere	Route of administration (e.g. oral, IV etc.)	Dosage	Reason	Name & Signature of person administering treatment	Name of person prescribing or authorizing treatment

Racing name of Horse	Date of treatment	Time Treatment Administere	Route of administration (e.g. oral, IV etc.)	Dosage	Reason	Name & Signature of person administering treatment	Name of person prescribing or authorizing treatment

Racing name of Horse	Date of treatment	Time Treatment Administere	Route of administration (e.g. oral, IV etc.)	Dosage	Reason	Name & Signature of person administering treatment	Name of person prescribing or authorizing treatment

Racing name of Horse	Date of treatment	Time Treatment Administere	Route of administration (e.g. oral, IV etc.)	Dosage	Reason	Name & Signature of person administering treatment	Name of person prescribing or authorizing treatment