

Date dd mm yy.

REDUCED DOSE FORM

Please do not administer 250 mg of Lasix to my horse

Horse Name / Nom du cheval	Tattoo # / No du tatouage
Race # / No de course	Date:

Please administer only _____ mg
(dose must be 150 mgs or more - but less than 250 mgs)

Trainer, Assistant Trainer, Owner - Print name

Signature

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