COGGINS

Under regulations from the State Board of Animal Health, no horses are allowed on the backside without a current Coggins. The Veterinarians' Office will enforce this rule. Please assist us by submitting Coggins paperwork as soon as possible.

Minneapolis Racing Commission Veterinary Department

Running Aces Harness Park
15201 Zurich Street
Columbus, MN 55025

Veterinarians' Office: 651-925-3946    Fax: 651-925-3947
Test and Salix® Barn: 651-925-3950

Chief Commission Veterinarian
Lynn Hovda, DVM, MS

Commission Veterinarians
David Radechel, DVM
Christy Klatt, DVM
Richard Bowman, DVM

Veterinary Coordinator
Nicole Edstrom

Test Barn
Sue Hibbard

Track / Paddock
David Radechel, DVM

Furosemide Office
Sue Hibbard
**VETERINARIANS’ RESPONSIBILITIES**

Veterinarians are responsible for knowing and complying with racehorse medication rules in effect in Minnesota. They are responsible for their own actions and also for properly advising their clients. **If in doubt about a particular medication contact one of the MRC veterinarians for clarification.** During training hours, the Commission Veterinarians can be found in the Veterinarians’ Office. On race day mornings, the Commission Veterinarians are either in the Veterinarians’ office or in the Stable area. Should you need to contact them have Nicole Edstrom, the office administrator, radio them or in an emergency have the stable gate page them.

**ACCREDITATION**

Any practicing veterinarian wishing to generate health certificates or EIA test certificates must be accredited in Minnesota and have documentation to that effect on file with the Commission Veterinarian. In keeping with new USDA regulations, all MRC licensed veterinarians must provide documentation of his or her new accreditation number.

**ANABOLIC STEROIDS**

Stanozolol is no longer an approved anabolic steroid and should no longer be used. Please be advised that withdrawal times for the remaining three approved anabolic steroids is very lengthy, at the very least 30 days and perhaps as longer than 180 days.

No Androgenic-anabolic steroids (AAS) shall be permitted in test samples collected from racing horses except for endogenous concentrations of nandrolone and naturally occurring substances boldenone and testosterone at concentrations less than the indicated thresholds.

Concentrations of these AAS shall not exceed the following plasma or serum thresholds for free substance or urine threshold concentrations for total substances:

**Boldenone:**
- 15 ng/mL of total boldenone in urine of male horses other than geldings
- 1 ng/mL of total boldenone in urine of fillies, mares and geldings
- 25 pg/mL of boldenone in plasma or serum of all horses regardless of sex.

**Nandrolone:**
- In geldings - 1 ng/mL total nandrolone in urine or 25 pg/ml of nandrolone in plasma or serum.
• In fillies and mares - 1 ng/mL total nandrolone in urine or 25 pg/ml of
  nandrolone in plasma or serum.
• In male horses other than geldings - 45 ng/mL of metabolite, 5α-oestrane-
  3β, 17α-diol in urine.

Testosterone:
• In geldings - 20 ng/mL total testosterone in urine or 100 pg/mL of
  testosterone in plasma or serum.
• In fillies and mares - 55 ng/mL total testosterone in urine or 100 pg/mL of
  testosterone in plasma or serum.
• In fillies and mares that are confirmed at the time of racing as being
  pregnant, testosterone is not regulated; and
• In male horses other than geldings – 2000 pg/mL in serum.

Please be advised that withdrawal times are very lengthy for anabolic steroids, at
the very least 30 days and perhaps longer than 180 days.

BREAKDOWN INJURIES / EUTHANASIA

A horse, which may require euthanasia from a fracture or injury sustained during a race
or workout, must be attended to by one of the Commission Veterinarians as well as the
practicing veterinarian. Blood samples are required and insurance companies often
request additional paperwork from the Commission Veterinarian.

If a horse under treatment for a severe illness or injury appears to be regressing to the
point where euthanasia may be required, contact the Veterinarians’ Office to make
arrangements. The Veterinarians' Office should be notified in advance of planned
euthanasia. If at all possible, do not euthanize a sick horse during live racing. The
horse ambulance must be available during racing for racing emergencies and cannot be
used for a planned euthanasia during racing.

DAILY MEDICATION REPORTS

Each practitioner must furnish a daily log, on a form supplied by the Veterinarians’
Office, of all medications and other substances administered, prescribed, or dispensed
for any horse on the grounds. Additionally, if a practitioner services off-track training
centers from which horses will ship in to race, work done at these areas needs to be
included in the log. Other examples of procedures to be included in the daily log include
castrations, nerving, joint injections, radiographs, ultrasounds, chiropractic,
acupuncture, dental work and the drawing of blood for EIA and EPM testing. Time of
day for all treatments must be noted on daily logs. The form may be made out by
someone else but must be signed by you. If you have signed off on a technician to
perform dental work please remember that you are responsible for their work and it must appear and be signed for on your daily logs.

The precise medication(s) used must be specified, not just the general category. Abbreviations should be avoided unless explained in writing to the Chief Commission Veterinarian beforehand. You must include any drug used for restraint, anesthesia, or therapy at any time, on a call-by-call basis throughout the day. A medication report must be submitted for any day you enter the stable gate. If you entered the grounds, but did not treat any horses, simply turn in a report stating that fact.

- Original (i.e. not photocopies or faxes) daily medication reports are to be filed daily by post time on the day following the date of the listed treatments. Put them in your private folder in the mailbox located in the Veterinarians' Office or slip them under the door if the office is closed.

- Failure to report a medication used which later results in a positive is considered a violation of MRC rules.

- Failure to submit the daily medication report by the time specified is considered a violation. The Judges will be notified of veterinarians who repeatedly violate this rule.

- At the request of a Commission Veterinarian, the private practitioner must provide radiographs, laboratory tests and results of other diagnostic procedures within 24 hours.

DEATH OF A HORSE

The death of a horse must be immediately reported to one of the Commission Veterinarians.

A Commission Veterinarian is on the grounds six days a week at the very least during morning hours. If a death occurs at a time when the Veterinarians’ Office is closed, the private practitioner should notify the backside security office immediately. The security office will notify Dr. Radechel and Dr. Hovda of the horse’s death. Horses dying on the grounds must go intact (i.e. with all body parts) to the University of Minnesota Diagnostic Lab for necropsy.

The following information must be provided to security or to the Veterinarians’ Office:

1. Name and tattoo of horse
2. Trainer responsible for horse
3. Insurance status of horse
4. Brief history
5. Time of death or euthanasia
6. Name of responsible veterinarian
DISPENSING OF SYRINGES/ NEEDLES

Syringes may only be dispensed in 12cc sizes or larger and the tip must be removed. All dispensed syringes should be noted on the daily log. Used syringes should be returned to you for disposal.

No needles may be dispensed at anytime for any reason.

DISPOSAL OF CERTAIN MATERIALS

Syringes and needles must be of the single-use disposable type and should not be reused. Used syringes and needles should be disposed of in one of the biohazard containers in the test barn. Empty bottles of injectable substances, scalpels blades, contaminated materials, and any other debris that may create a hazard must be disposed of safely in a location that is not on the grounds of the racetrack. None of these materials may be disposed in manure bins or garbage containers. Please contact the Minnesota Pollution Control Agency regarding proper disposal of hazardous and infectious waste.

EMERGENCY TREATMENT OF HORSES ENTERED TO RACE

Treatment of an entered horse for emergency purposes must be reported on the emergency treatment form furnished by the Veterinarians' Office and turned into the Veterinarians' Office. This should be done within one-half hour of an emergency that occurs during training or racing hours or by 8:00 AM on the morning following an emergency that occurred during evening or night hours. You must contact the MRC Veterinarians office before emergency treatment of an entered horse. You may not treat an entered horse while the MRC Veterinarians are on the grounds. Please call the MRC Veterinarians office directly, page them through the stable gate, or call the Judges office.

EPO

The Minnesota Racing Commission tests for erythropoietin (EPO), darbepoetin and other red blood cell growth factors. In addition to action by the Stewards, all horses with a positive test for erythropoietin will be placed on the Veterinarian's List and not removed until deemed healthy by a commission veterinarian.

HEALTH CERTIFICATES (Certificate of Veterinary Inspection)

All horses entering the grounds at Running Aces Harness Park must have a complete health certificate dated within 10 days of arrival. Horses arriving without a valid health certificate may be placed in the isolation area until a valid health certificate is produced. Horses shipping in and out from a training facility may subsequently file a 30 day Health Certificate with the Commission Veterinarian and the stable gate. Thirty-day health
certificates must be renewed in the first five (5) days of each month. Health certificates are collected by stable gate personnel and retrieved daily by a Commission Veterinarian. Incomplete, inaccurate, or otherwise incorrect health certificates are surrendered to the Minnesota Board of Animal Health.

Please remind your clients that health certificates for horses shipping to Canada often require advance notice. The USDA-APHIS Area veterinarian will be glad to process health certificates for horses bound for Canada, but all paperwork must be presented to the office by noon on Friday for a weekend shipment. Please inform the trainer that there are costs involved for these health certificates. It is best to call the office as soon as a shipment is planned.

**INFECTION DISEASES**

All horses entering the stable gate must be vaccinated for EHV-1 (Rhinopneumonitis or Herpes Virus) within the prior 6 months. Vaccinations for other infectious diseases may be required should there be an outbreak of disease.

Any horse in your care that has developed a potentially contagious illness (especially Strangles or the neurological form of EHV-1 / Rhinopneumonitis) should be reported to the Chief Commission Veterinarian immediately so other horses in the stable area are not unnecessarily exposed. Some diseases are reportable to the Board of Animal Health, while others may require quarantine or disinfection of premises. Any cases of neurologic EHV-1 in Minnesota must be reported to the Board of Animal Health. ALL POTENTIALLY CONTAGIOUS diseases need to be reported to the Commission Veterinarian ASAP. Please cooperate with this policy.

Any horse exhibiting signs consistent with Strangles must be monitored closely and isolated from other horses. Any horse having both fever and enlarged, hot, painful, or swollen lymph nodes needs to have arrangements made for their removal from the racetrack. Horses with active draining lymph nodes must be immediately removed from the premises. The MHRI will assist in finding off site facilities for quarantine. Horses removed from the premises due to Strangles may not be allowed to return until 14 days after their draining tracts have healed. If the horse’s abscess did not drain externally, the 14-day count will begin when the horse’s rectal temperature returns to normal and the horse is fully back on feed and swallowing normally.

Any horse with severe diarrhea should be moved to the isolation area. Please notify the Veterinarian’s Office of any such cases BEFORE the animal is moved.

Vaccinations for Influenza, West Nile Virus, Eastern and Western Encephalitis Virus and Strangles are strongly recommended.
MEDICATIONS ALLOWED

1. Furosemide:
   - Horses are allowed to race on furosemide without prior evidence of bleeding but must be entered into the furosemide program prior to race day.
   - According to Minnesota Rule 7890.0140 furosemide shall be administered IV (intravenously) by the veterinarian employed by the owner or trainer of the horse.
   - The administered furosemide must be at least 150 mg but cannot exceed 250 mg per dose administered and is administered 4 hours before post time using the RIGHT jugular vein.
   - If you have a horse that is severe bleeder and needs additional furosemide, doses up to 500 mg (10mL) can be administered if agreed on well in advance by you and the Commission Veterinarian.

2. Nonsteroidal anti-inflammatory agents (NSAIDS)

   For horses ages 3 and up, a therapeutic dose of one of the three following NSAIDS may be used with the permissible limits noted:
   - **Bute (phenylbutazone):** The maximum permissible limit is 2.0 mcg/mL of blood.
   - **Flunixin:** The maximum permissible limit is 20 ng/mL of blood.
   - **Ketoprofen:** The maximum permissible limit is 2 ng/mL blood.

   For 2 year old horses, the only permissible NSAID allowed within 48 hours of a race is Bute (phenylbutazone). The maximum permissible limit is 2.0 mcg/ml of blood.

   **FLUNIXIN:** The therapeutic window for flunixin is very narrow. Based on current research using a dose of 1.1 mg/kg IV, the withdrawal time in horses of all sizes is 32 hours.

   **KETOPROFEN:** The serum concentration for ketoprofen is now 2 ng/ml of serum. This corresponds to a withdrawal time of 24 hours.

3. Medications with regulatory detection limits
   - The RCI list of controlled therapeutic medications has been adopted by the MRC and will be in use during the 2016 racing season.
   - Refer to the list at the end of this document for specific levels, suggested doses and routes of administration, and detection times
   - **Be WELL advised that these are ONLY suggested doses, routes of administration, and detection times.** Each horse is different in height, weight and ability to metabolize medications.
MEDICATIONS GENERAL

All medications, drugs and substances used on the backside must be FDA or USDA approved. No medications, needles, syringes or veterinary supplies may be stored anywhere on the racetrack grounds. All veterinary drugs and supplies must be in your personal veterinary vehicle, your immediate possession, or off grounds.

A veterinarian may possess substances that are FDA or USDA approved, but not specifically for use on the horse, only by providing prior notice in writing to the commission's veterinarian and the Judges.

The FDA is closely re-examining the use of compounded medications. According to AAEP guidelines, compounded medications should be limited to individual patients with specific needs. Maintaining an inventory of bulk-compounded medications is illegal. If you are using compounded medications please be aware of current AAEP & AVMA PLIT guidelines involving the use of these medications.

All dispensed medications must be labeled with your name and address, date, trainer’s name, horse's name, medication name, active ingredient(s), instructions for use, expiration date of the product, and cautions for use in horses. No injectable medications are to be dispensed at any time to anyone other than another licensed veterinarian. Medications should be dispensed according to practice act for the Minnesota Boards of Veterinary Medicine and Pharmacy and under the guidelines of the American Veterinary Medical Association.

MEDICATION POSITIVES

Be advised that a copy of each medication positive result is mailed to the appropriate horse owner.

MEDICATION TESTING

Industrial Laboratories is the MRC contract laboratory for 2016. Three tubes of blood and urine will be collected from horses in the detention barn. Serum will be tested using LC/MS/MS. All medications that you use on the backside will be regularly and routinely tested using this method. Be advised that this may be different from other jurisdictions where you practice and you may need to adjust your medication policies accordingly. Urine will also be tested using rotating ELISA kits. Those horses not passing urine in the test barn will have an expanded LC/MS/MS testing procedure performed.

A list of the published thresholds as established by RCI for 29 therapeutic medications is included at the end of this document. Be aware these are suggestions only and will need to be modified based on each individual horse. In addition to other medications, you should consider the horse’s sex, weight, and overall health.
If you have questions regarding medications that are not on the detection list please request more information in writing from the Commission Veterinarian’s office. We will send that information to our contract laboratory for their input. This generally takes 2-4 days so plan accordingly.

If you have any further questions about medication detection times see Dr. Radechel or Dr. Hovda

**NECROPSY**

By MRC rule, all deceased horses shall have a necropsy performed at the University of Minnesota Veterinary Diagnostic Laboratory. Horses must be sent intact with all body parts present. The Commission Veterinarians’ office will generate and submit the appropriate UM VDL paperwork to accompany the horse. A separate Minnesota Racing Commission post-mortem form should be filled out and signed by the horse's veterinarian (this form can be obtained in the Veterinarian’s Office). The track veterinarian will generate this form for those horses dying or being euthanized on the racing surface and the test barn veterinarian for those horses dying in the test barn. This form must be completed and filed with the Veterinarians' Office within 72 hours of the horse’s death.

**PIROPLASMOSIS**

Every Quarterhore horse entering the stable gate from a state with recorded active cases of Equine Piroplasmosis (EP) must show proof of negative Piroplasmosis test results for *Theileria equi* and *Babesia caballi* taken within 12 months of the date of entry. Record of the negative test shall be attached to the Certificate of Veterinarian Inspection (CVI) and presented at the stable gate when the horse first enters the confines. Currently, this only includes Texas and New Mexico, but should other states develop active cases, this requirement may change to include these other states.

**PRE-RACE FUROSEMIDE TREATMENTS**

According to Minnesota Rule 7890.0140 furosemide shall be administered IV (intravenously) by the veterinarian employed by the owner or trainer of the horse. It should be given in the RIGHT jugular vein and cannot be given IM. The administered furosemide must be at least 150 mg and not exceed 250 mg per dose administered. Doses up to 500 mg can be administered to horses needing this amount but you must sign them up at least one day in advance of race day on a form in the Commission Veterinarian’s office. Racehorses will receive their race day furosemide treatments in the test barn. Practicing veterinarians will be required to furnish to the Chief Commission Veterinarian several factory-sealed bottles of furosemide, syringes, and needles. These will be labeled with your name and are locked and retained in the Furosemide Office.
Official race day furosemide schedules are available in the Veterinarians’ Office. These are placed in your mailboxes one day prior to race day. On raceday, practicing veterinarians with horses entered to race should go to the test barn at the appropriate time.

The MRC observer will confirm the identity of horse by tattoo or freeze brand and the presence of the assigned guardian, and observe the furosemide administration. They will not restrain horses or otherwise assist in furosemide administration. The horse handler, and NOT the MRC observer, is responsible for showing the tattoo.

Horses signed up to receive furosemide that do not receive it are ineligible for race. If you are dealing with a true emergency and cannot make it in time for scheduled treatments, contact the test barn immediately and they will then try to find a replacement veterinarian for you.

**RESTRICTIONS**

A veterinarian unlicensed by the Minnesota Racing Commission cannot practice on the racetrack grounds. MRC licensed veterinarians cannot sign in other veterinarians as their guests for the purpose of working on the backside. Please contact the Chief Commission Veterinarian if you have a conflict or problem.

MRC rule 7877.0170, subpart 2H clearly states that a trainer may use only veterinarians licensed by the MRC to treat horses that are entered to race or any time the horses are on the grounds of an association. This means that once a horse is entered to race, it may not be removed from the grounds to be treated by a veterinarian NOT licensed by the MRC.

Veterinarians and their assistants are among the classes of licensees who may not participate in pari-mutuel wagering while licensed by the Commission.

Veterinarians may not be licensed in any other capacity. This means that you cannot own a racehorse in Minnesota or be a jockey, exercise rider, jockey’s agent, etc.

**SIGNING IN / OUT**

All veterinarians and their veterinary assistants must sign in and out at the stable gate each time he or she enters and leaves the grounds. Should you have students or other guests along with you they will need to be signed in and out as guests.
TCO2 TESTING

Each race week, one or more complete races will be screened for the presence of elevated levels of TCO2. Serum from horses in the races tested will be taken in the paddock prior to warming up. Be forewarned that any veterinarian found milk shaking a horse will be dealt with seriously by the Judges and reported to the Board of Veterinary Medicine. Stomach tubes, pumps, and excess quantities of sodium bicarbonate and sugar found in a trainer’s tack room make you an immediate suspect as do several pounds of the like in your vehicle.

WORKOUTS

Horses working in front of a Commission Veterinarian need to work under the same medication requirements as those on race days. This means that only phenylbutazone, flunixin, or ketoprofen in levels concurrent with racing and furosemide in levels of 100 ng/ml or less are permissible. The Commission Veterinarian will draw blood and/or require a urine sample after observing a workout.

GENERALLY GOOD INFORMATION TO KNOW

1. No medications other than a therapeutic dose of one of the three permitted NSAIDS (phenylbutazone, flunixin or ketoprofen) or furosemide under the restrictions defined in the MRC rules may be administered to a horse ages 3 years and up within 48 hours of a race.

No medications other than the NSAID phenylbutazone may be administered to 2-year-old horses within 48 hours of a race.

It may be necessary to avoid using other NSAIDS within 3-5 days of the race, depending on the NSAID being used, as well as the route of administration and quantity administered.

NSAID Levels:
- Phenylbutazone: 2 mcg/mL or less in serum
- Flunixin: 20 ng/mL or less in serum
- Ketoprofen: 2 ng/mL or less in serum

Furosemide Levels:
- Furosemide serum 100 ng/mL or less

2. You cannot pass a stomach tube on an entered horse within 48 hours of race time without letting one of the Commission Veterinarians know. If you have
clients blowing their own phenylbutazone, please advise them that ANY tube longer than 6 inches is considered a stomach tube.

3. If you have a shock wave machine you need to register it in the Commission Veterinarians’ office. You will need to provide the make, model and serial number. Only veterinarians licensed by the Minnesota Racing Commission can perform shock wave. All horses receiving shock wave therapy need to be reported on a special form and cannot race for 10 days. They do NOT go on the Veterinarian’s List, but are entered into our computerized database with a “good to go” date.

4. The use of any agent to increase a horse’s pH or bicarbonate level is prohibited by MRC rule.

5. The use of EPO, other blood doping agents, gene modifying agents, growth hormone, and venoms is a prohibited act in Minnesota.

6. Corticosteroids and anabolic steroids are included in routine drug testing. Be very careful with corticosteroid administration, as there is much horse-to-horse variation, especially if multiple joints are treated.

7. Ethanol and metabolites are routinely screened as well (in particular ethyl glucuronide). Be VERY careful with ethanol containing products for topical use as significant amounts of absorption occur across intact and abraded skin.

8. Be very careful with your flunixin dosing. Based on current research using a dose of 1.1 mg/kg IV, the withdrawal time in horses of all sizes is 32 hours.

9. LC MS/MS serum testing is specific and sensitive. If you practice at other tracks that do not use LC MS/MS you may need to adjust your medication protocols accordingly.

10. If you are aware of a bad bleeder and would like to increase the dose of furosemide to 10mL, YOU (not the trainer) MUST come into the veterinarian’s office at least one day prior to race day and declare it as an exception. There is a form that must be filled out with signatures. Please do not abuse this privilege.

11. All furosemide is administered IV in the right jugular vein.

12. In-today signs will be posted by the trainer on the front of the stall of all horses scheduled to run each day. A veterinarian may not be in the stall with or otherwise handle any horse entered to race on race day, except to administer furosemide. You cannot go into a stall “just to check on a horse” or otherwise
feel legs or take a horse out of a stall without a commission veterinarian present.

13. In the case of an emergency during racing hours, you MUST notify the test barn veterinarian immediately.

14. All dental procedures performed by a veterinary assistant need to be under your direct supervision and must be reported and signed for on your daily log.

15. You cannot own a horse racing in Minnesota and you cannot bet on pari-mutuel racing in Minnesota.

16. Cobalt levels may not exceed 25 ppb in serum. Horses testing above this level will be placed on the Veterinarian’s List until the level in the serum drops below 25 ppb, in addition to possible sanctions by the stewards. The horse’s trainer will be responsible to cover the cost of testing.

17. Stanozolol is not approved and should not be used. There is NO permitted level allowed.