



GULFSTREAM PARK

Request to Discontinue Salix

The undersigned hereby elects to take the below named horse off the Salix. We understand that once the horse is no longer eligible to receive Salix, the horse may not be eligible again without **substantial justification** and will require the approval of the Attending Veterinarian and the Trainer, and will be considered to be a previous bleeder.

Horse: _____

Tattoo: _____

This form to discontinue use of Salix must be submitted to the Gulfstream Park Salix Coordinator no later than 4:00 P.M. the race day prior to the day the horse is scheduled to compete, prior to racing the horse without Salix.

Attending Veterinarian (Signature)

Attending Veterinarian (Print)

Trainer (Signature)

Trainer (Print)

Date