



**Delaware Thoroughbred Racing Commission
Minutes of Regular Meeting Held on
January 15, 2014**

The Delaware Thoroughbred Racing Commission held a regular meeting on
Wednesday, January 15, 2014 at 10:15 a.m., in Conference Room 1,
Delaware Department of Agriculture,
2320 South duPont Highway, Dover, DE 19901

Commission Members Present

W. Duncan Patterson, Jr., Chairman
Edward J. Stegemeier, Secretary/Commissioner
Richard A. Levine, Esq., Commissioner
Debra M. Killeen, Commissioner

Commission Member absent

H. James Decker, Commissioner

Also Present

John F. Wayne, DTRC, Executive Director
Andrew Kerber, Esq., Deputy Attorney General, Commission Counsel
Fritz Burkhardt, DTRC, Steward
Robert E. Colton, Delaware Jockey's Association, Director
Jeff Ganc, Delaware Park Security, Assistant Director
Bessie Gruwell, DTHA, Executive Director
John E. Mooney, Delaware Park, Executive Director of Racing
Dr. John T. Peters, D.V.M., DTRC, Chief Commission Veterinarian
Chris Sobocinski, Delaware Park, Racing Information Coordinator
Joe Strug, Dalare Associates Inc., Director
Francis J. Swift, Jr., DTRC, Inspector
Jane C. Teichner, V.M.D
Heriberto Rivera Jr., representing Jockey's Guild
Mark Mace, Jockey Agent
Donna Krol, Admin Spec II, DHRC, on loan to DTRC recording minutes

1. CALL TO ORDER

At 11:15 a.m., Chairman Duncan Patterson called the meeting to order and welcomed all in attendance and wished everyone a Happy New Year.

2. APPROVAL OF MINUTES

A motion was made and seconded to approve the November 13, 2013 meeting minutes as submitted. Motion passed with a unanimous voice vote.

3. OLD BUSINESS:

- A. Uniform Medication Policy** - Chairman Patterson opened the discussion, everyone should be familiar with this, has been under review for a period of time. Chairman Patterson would like to add the MMV Multiple Medication Violations to this discussion as well. The MMV has been approved in Maryland by both Harness and Thoroughbred organizations and Commission. DE Harness has not approved for a few reasons – will discuss later. There are 24 therapeutic medications approved for use with specific administration, threshold and withdrawal times. It was recommended by the Racing Medication and Testing Consortium (RMTC), approved by the Association of Racing Commissioners International (ARCI) board. Chairman Patterson asked Andrew Kerber what the Commission needed to move this forward? Mr. Kerber advised that the Commission needs to approve as proposed, and if the Register of Regulations gets the copy today it will be published in the February 1st publication of the Register of Regulations. Discussion on approving by reference - this would allow for any future changes and would be optional for the Commission to adopt. Commissioner Levine is concerned that changes would go in to effect before a Commission meeting. Mr. Kerber stated that any changes would have prior notice (3 month process) and the Commission can opt out if necessary. Commissioner Stegemeier asked what states have approved this so far. Chairman Patterson related the following: MD – approved, VA not yet – waiting for MD, PA has approved, NJ in the process and KY has not – issues with Harness side. Commissioner Stegemeier asked the Delaware Park Horsemen, Veterinarians and others in attendance what they thought. All were in favor. Chairman Patterson noted that the Veterinarians need to follow the administration dosage and horsemen should not have a positive. Dalare Laboratory Director, Joseph Strug commented that if you cut the dose or extend the withdrawal time you will be okay.

A motion was made to adopt by reference. Motion carried by Commissioner Killeen, seconded by Commissioner Stegemeier. Motion passed with a unanimous voice vote.

Document name -, Chairman Patterson wants to be consistent with the document name. John Wayne will check with other jurisdictions.

Not on the agenda, Chairman Patterson would like to discuss the MMV- Multiple Medication Violations policy. This is in response to public perception of the Industry being lenient with reoccurring violators. Commissioner Levine asked what the wording “Official Notice by the Commission” meant. It was explained that if a person has a positive test, but before notified has additional positive for the same medication – under the MMV policy this would be treated as one (1) positive test.

A motion was made to adopt by reference. Motion carried by Commissioner Levine, seconded by Commissioner Killeen. Motion passed with a unanimous voice vote.

- B. Claiming Rule Discussion towards Modification** - Most recent rule is the one from Maryland, this has been adopted by the MTHA. Opening the discussion, Chairman Patterson reviewed the current claiming rules for Arkansas, California, Maryland and New York. Chairman Patterson would like to incorporate a Claiming Rule for two reasons: 1. Prevention of catastrophic injury in the event that the horse was entered allegedly to lose in a claim (even though this happens infrequently). 2. Protection of new owners in a business that needs new owners. With that statement, the floor was opened for questions and discussion. Commissioner Levine is in favor of a Claiming Rule, but questions when the horse is removed from the track and it is no longer the Commission Veterinarians decision whether to euthanize or not. Dr. Peters explained that if a horse is kept one hour after it leaves the track, and an accurate diagnosis is made, the Commission Vet is still involved in this process. Dr. Teichner stated that it is a question of who is in charge of the diagnosis, if horse is administered medication, who witnesses that? Who are involved, new owners or prior owners and trainer? This rule would add too many personalities to the equation. Bessie Gruwell agrees, the claiming rule with the hour time frame is not favored by the horsemen. The decision for the horse needs to be made by the Commission Vet; whether the horse is being claimed or not should not be part of the decision being made for the horse. This would add too much gray area. Commissioner Stegemeier asked if everyone favored that MD rule over the AK rule. John Mooney does not favor any claiming rule. There are already 3 legal cases pending. Claiming Races have been done this way for years, the proposed claiming rules make every trainer look crooked. Trainers are not putting unsound horses in claiming races. Heriberto Rivera agrees. Chairman Patterson asked Dr. Peters and Dr. Teichner their views. Dr. Peters stated that when he makes a decision

Claiming Rule Discussion towards Modification (continued)

on the Race track it is based on whether to let the horse suffer. Owner should have claiming insurance to cover his loss. Dr. Peters also stated that euthanasia of a horse has gone from catastrophic injury to routine. This is because the money it takes to rehabilitate and make a service animal. He is okay with the MD rule. Dr. Teichner feels that we need to avoid a public display of euthanasia on the track, if you have multiple people involved and they are all out on the track this is not good for public perception. There is a reason for claiming insurance; this is the owners' responsibility. Commissioner Killeen asked about claiming insurance, how many people actually get claiming insurance, is it expensive or is it a one-time deal? Bessie Gruwell responded. No it is not a one-time deal, Insurance is based on a percentage and they have to carry it for a year and then it can be dropped. This is a very unbalanced issue among the horsemen. Commissioner Killeen asked what percentage of horsemen carries the insurance; John Mooney did not know the percentage but stated that Trainers in the business of claiming horses - carry this insurance. Chairman Patterson does not side with the 100 Years of doing business this way - horsemanship has declined, and if this will save at least one horse than he would be in strong support of the MD rule. Secretary Kee spoke, he feels that any action that widens the circle for decision making opens up to Animal Rights Activists (who may/or may not know what they are doing) start second guessing individuals. This creates negative publicity and can put the Commission Vets in harm's way because of radical actions. Decision needs to stay with the Commission Vet and needs to be done on the track. Commissioner Stegemeier has been a strong advocate for the claiming rule, but now after hearing from trainers and horsemen that are all opposed, he is changing his position and does not support a claiming rule. Commissioner Levine does not support the claiming rule, does not like the position it puts the Commission Vets in and does not think that it is practical. Chairman Patterson thinks the Commission needs to discuss what constitutes a catastrophic injury, he thinks the humane aspect should be the overriding factor in decisions, he is not going to let this end, will revisit at another time but he supports the Commission decision to table the matter.

4. **New Business** -

A. AAEP Meeting Review - summary given by Dr. Jane C. Teichner, who attended the AAEP Conference in Nashville, Tennessee during December, 2013. She gave a report on the Inflammatory Cytokines and Musculoskeletal Health study at the Gluck Center in KY. Would like for the Commission to get involved in this study and has a few people that are interested. Cost is \$50.00 per sample.

John Peloso, DVM - Equine Medical Center of Ocala, FL: use of standing MRI as predictor of injury. Also suggests MRI for pre-race inspections, although admits it will be hard to push for these scans since breakdowns are rare. Dr. Teichner related that the charges for such an exam are \$1,200 per ankle or \$1,400 for both.

Kent McClure, DVM, JD - Animal Health Institute: discussed what is and is not allowed with compounding. Compliance policy guides are on website.

AAEP Racing Committee Activity Update - Patti Marquis, DVM - Gulfstream Park. AAEP members support uniform rules and penalties. Consistency in testing- they are using a consistent treatment protocol and getting different outcomes in different jurisdictions. . Elimination of restricted administration times and limit to thresholds. Wording Change: instead of the word Positive use Therapeutic Overage.

Cobalt - element found in Vitamin B12. Acts like a blood doping agent (EPO) and has severe side effects when over dosed. Small detection window (4-6 hours after administration). Chairman Patterson asked if a horse was sent to New Bolton would they test for Cobalt? Yes, but the test would have to be requested. This would be a good for Post Mortem tests. Joe Strug asked that if possible to get blood samples before euthanizing a horse. This cannot always be done and is difficult to do on the track. Joe Strug will confer with Dr. Maylin regarding testing for Cobalt.

Equine Injury Database User Updates - Kristin Leshney, JD - The Jockey Club: Once a horse does an "official work" a log needs to be kept by the Trainer on what medications the horse receives. This is not the Veterinarian's responsibility. The Veterinarian's keep their own medication logs but do not know what the Trainer may give the horse. Chairman Patterson feels that the Vets need to be held more

accountable, there needs to be a balance created. Joe Strug stated that the USEF requires a "Medical Report Form" perhaps this is something that can be adopted and used. It is very simple to use. Chairman Patterson noted that this has been discussed before but never went anywhere.

B. ARCI Report – Chairman Patterson

New Class I Drug – Methylhexaneamine – nutritional substance used for increased energy and weight loss – used as performance enhancer in horses. Stanozolol, Boldenone, Nandrolone and Testosterone drug threshold levels were discussed. (Note: Stanozolol is now banned)HBPA Environmental containments and threshold concerns were also brought up. Six were approved for this list: Arsenic, Estranediol, Hydrocortisone, Methoxytyramine, Salicylate/Salicylic Acid and Theobromine. Threshold levels were discussed, There were recommended by the RMTC and agreed to by HBPA. Mr. Kerber and Mr. Wayne both agreed that these are covered under Foreign Substances. If above the threshold level, the laboratory will report to Stewards and a positive test result would be issued. Fines and penalties would be assessed according to what Class the substance falls under.

Amend Rule 15.1.3.1.3 to include this list. John Wayne will assist Andrew Kerber on what proposed rule will be.

A Motion was made to amend Rule 15. Motion carried by Commissioner Levine, seconded by Commissioner Stegemeier. Motion passed with a unanimous voice vote.

C. Reports from Cabinet Secretary Kee

Financial Status of Commission – Financial Report "Funding/Revenue Status – DTRC"

Secretary Kee reviewed Commission funding through Lottery/Gaming Revenue and Funding from Fines & Fees. Fine revenue is declining. Revenue stream from casino is used as back up for fines & fees revenue. Secretary Kee proposes that 1 or 2 members meet with John Wayne, Chris Vennard and Secretary Kee to discuss and track the revenue. This should be done once or twice a year. Ultimately may need to go to the Legislature and Finance Committee to change the epilogue language to increase the Commission Funding. First meeting should be in February 2014. Secretary Kee will contact Chairman Patterson; he will arrange a meeting with two Commissioners to attend.

Economic Impact Study – done for Task Force (9 members). Shows the impact of racing at farm level. Please review at your leisure. Horse Racing is a Non Consumable Industry. Secretary Kee proposes that an Economic Impact Study be done for race horses only. Cost would be \$50,000.00 to \$70,000.00 and would take 6 months to gather data, with 2-3 months to summarize. Last study was completed 10 years ago by Dept. of Ag and University of Delaware. DTRC will consider and will get back to Secretary Kee with any questions. Bessie Gruwell asked the Commission to send the Task Force a letter and let them know the importance of horse racing in Delaware. Next Task Force meeting is set for 1-21-14. Commissioner Levine suggested that this time the study is done by a group other than the University of Delaware – it may help the study carry more weight. Suggestions were Chase Econo Metrics or University of Kentucky. Secretary Kee will follow up on this.

Secretary Kee left the meeting

7. Report from DTRC Executive Director – John Wayne

The Summary of Activities report was reviewed including the final 2013 revenue results.

Outstanding fines will be collected with assistance from Deputy Attorney General, Edward Black, esq.

Information contained in the Summary of Activities Report for the months of November- December , 2013 included the following:

ARCI National Surveys answered.....	2
National Racing Compact License Applications reviewed by Committee	5
Contacts received from the Video Lottery Enforcement Unit	10
Contacts from State, Federal, or Provincial Police Agencies	16
Contacts from Media Sources	5
Contacts from Racing Official Accreditation Program participants	24
Contacts from Racing Industry or Race Tracks	30

Contacts from Horsemen for information	18
Contacts from the Public	14

Report on the University of AZ, Symposium Meeting in Tucson, AZ. – Mr. Wayne attended and stated it was a good conference and very informative. There were no scheduling conflicts with most of the sessions running consecutively. Topics included the use of multi-media, cyber-security, track safety (human and equine) and emergency preparedness. DTRC was complimented on their website postings and updates as well as responses to the media.

DTRC Annual Report: Mr. Wayne advised that work on the 2013 Annual Report is underway and expects that it will be completed by the first week of February. As with past annual reports, this edition promises to display the highlights of the racing season at Delaware Park and report on the statistical information that was compiled.

8. DTRC Chief Commission Veterinarian – Health Report – Dr. John T. Peters reviewed the training at Delaware Park for November & December. 4 Equine Deaths – 3 in training Total (12 YTD) and 1 sustained a head injury (2 YTD) in the paddock. Regular Commission Veterinarians were himself, Dr. Jane C. Teichner and Dr. Richard T. Brown. Mr. Wayne added that the Commission has a good bullpen of alternate Commission Veterinarians if needed. They include: Drs. Kathleen Picciano, John Whiston, Donna Moore, Mary Durando and Susan Botts.

9. Delaware Thoroughbred Horsemen’s Association- Delaware Certified Thoroughbred Program report given by Bessie Gruwell. Bonus increased to 50% this year – 25% to owner and 25% to certifier. A lot of applications have come in. Will submit YTD Reports to John Wayne. Trying to get additional money to keep horses coming in to the state of Delaware.

10. Public Comment:

Mark Mace introduced himself as a current Jockey Agent and he proposed that the DTRC consider adopting the same rule (9.0) as Maryland has with regards to Jockey Agents and covering the booking assignments of journeyman riders and apprentice jockeys. Mr. Mace provided a handout of current Rule 9.0 for review.

After review, Chairman Patterson asked if there were any concerns or questions and none were heard. Commissioner Killeen made a motion to propose making a change to the current rule and adopt the language presented by Mr. Mace. The motion was seconded by Commissioner Stegemeier and the Commission voted unanimously to begin the process. Mr. Kerber will work on the new language of the rule change. No other public comment was heard.

11. Executive Session – None

12. Adjournment: Commissioner Killeen motioned to adjourn the meeting with a second by Commissioner Stegemeier. Meeting was adjourned at 1:15 P.M.

DELAWARE CERTIFIED THOROUGHBRED PROGRAM

Wednesday, January 01, 2014

2012	DCTP Applications	Foals	Yearlings	Totals
	Jan - Mar	0	25	25
	Apr - Jun	2	52	54
	Jul - Sept	9	39	48
	Oct - Dec	36	71	107
	Total Applications	47	187	234

2013	DCTP Applications	Foals	Yearlings	Totals
	Jan - Mar	2	15	17
	Apr - Jun	1	37	38
	Jul - Sept	9	31	40
	Oct - Dec	51	80	131
	Total Applications	63	163	226

2014	DCTP Applications	Foals	Yearlings	Totals
	Jan - Mar	0	3	3
	Apr - Jun	0	0	0
	Jul - Sept	0	0	0
	Oct - Dec	0	0	0
	Total Applications	0	3	3

Total DCTP Applications to date: 3343

2014 DCTP Horses of Racing Age: 3277

210 (2 yr. olds), 244 (3 yr. olds), 349 (4 yr. olds), 2474 (older horses),

Year	# of Starters	# of Starts	1st	2nd	3rd	25% DCTP Earnings	25% Certifier Awards	Total Annual Awards
2014								
2013	270	713	97	99	102	\$ 416,504.00	\$470,722.00	\$ 887,226.00
2012	318	943	138	140	146	\$ 437,340.00	\$409,503.00	\$ 846,843.00
2011	414	1331	166	189	181	\$ 715,099.86	\$773,251.86	\$ 1,488,351.72
2010	364	1150	142	180	146	\$ 705,631.25	\$778,203.75	\$ 1,483,835.00
2009	287	922	105	120	121	\$ 511,810.00	\$584,382.50	\$1,096,193
2008	210	690	94	82	109	\$ 367,963.60	\$433,265.20	\$801,229
2007	271	608	90	87	102	\$331,809	\$355,609	\$687,418
2006	139	476	68	61	72	\$201,286.80	\$214,936.80	\$416,224
2005	99	366	52	49	53	\$179,690.00	\$193,340.00	\$373,030
2004*	56	134	20	19	19	\$44,947.00	\$44,947.00	\$89,894
2003*	9	17	7	3	2	\$13,505.00	\$13,505.00	\$27,010

Total DCTP \$8,197,252.62

- * DCTP owners and certifiers received 10% each bonuses in 2003 & 2004
- * DCTP owners and certifiers received 15% each bonuses in 2005 thru May 2008
- * DCTP owners and certifiers received 20% each bonuses beginning June 1, 2008
- * DCTP owners and certifiers received 25% each bonuses beginning April 25, 2009
- * DCTP owners and certifiers received 20% each bonuses beginning April 30, 2011
- * DCTP owners and certifiers received 15% each bonuses beginning May 12, 2012
- * DCTP owners and certifiers received 20% each bonuses beginning May 18, 2013
- * DCTP owners and certifiers received 20% each bonuses beginning May 17, 2014

Current Delaware Farms enrolled:

Delaware Certified Bonus Monthly Balance

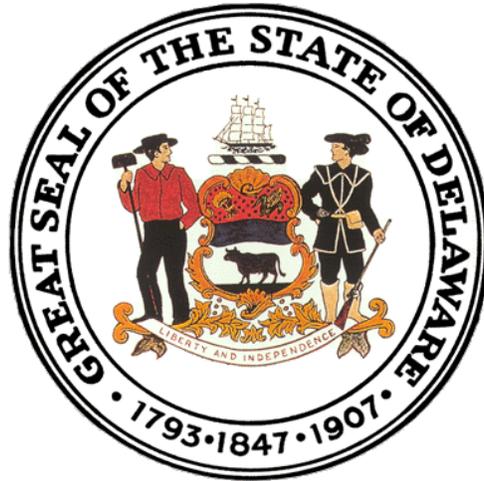
2014 January

2013 Balance
\$147,516.96

Interest - Oct, Nov, Dec
\$191.03

Beginning Balance
147,707.99

2014	Available Funds	May	June	July	Aug	Sept	Oct	Balance
Jan	\$ 147,707.99							



State of Delaware
Department of Agriculture
Delaware Thoroughbred Racing Commission



January 15, 2014 Draft

Introduction

The Mid Atlantic racing states have joined together to implement a uniform medication and drug testing program. The following new rules and procedures will become effective prior to the 2014 Thoroughbred and Arabian live racing season at Delaware Park which begins May 17, 2014.

1. Salix® (furosemide), pursuant to Commission supervised administration, is the only medication that can be administered to a horse within 24 hours of its race.
2. The administration of any adjunct medication within **24** hours of a horse's race is strictly forbidden.
3. There is a new medication category called **Controlled Therapeutic Substances**. This category contains a list of **24** therapeutic medications that have been recognized as necessary in the routine treatment of illness or injury in the horse. Withdrawal time guidance and uniform laboratory detection thresholds for these medications are being provided as a guide for horsemen.

You are strongly encouraged to restrict your use of medications to those on the Controlled Therapeutic Substances list, which will be amended from time-to-time. The current Controlled Therapeutic Substances list, together with recommended withdrawal times, dosage and testing detection thresholds is as follows:

thank you to Michael J. Hopkins and the Maryland Racing Commission for furnishing the Delaware Commission with an outline of their guidelines

ACEPROMAZINE

Withdrawal time: 48 hours
Threshold: 10 ng/ml of HEPS in urine
Dosage: Single IV dose of Acepromazine at 0.05 mg/kg

BETAMETHASONE

Withdrawal time: 7 days
Threshold: 10 pg/ml in plasma or serum
Dosage: IA administration of 9 mg of Betamethasone Sodium Phosphate and Betamethasone Acetate Injectable Suspension, USP (American Regent product #0517-0720-01) in one articular space

BUTORPHANOL

Withdrawal time: 48 hours
Threshold: 300 ng/ml of total butorphanol in urine or 2 ng/ml of free butorphanol in plasma or serum
Dosage: Single IV dose of butorphanol as Torbugesic® (butorphanol tartrate) at 0.1 mg/kg

CLENBUTEROL

Withdrawal time: 14 days
Threshold: 140 pg/ml in urine or LOD in plasma or serum
Dosage: Oral administration of clenbuterol as Ventipulmin® syrup (Boehringer-Ingelheim Vetmedica Inc., NADA 140-973 at 0.8 mcg/kg twice a day

DANTROLENE

Withdrawal time: 48 hours
Threshold: 100 pg/ml of 5-hydroxydantrolene in plasma or serum
Dosage: Oral administration of 500 mg of dantrolene as paste (compounding pharmacy) or capsule formulation (Proctor and Gamble)

DETOMIDINE

Withdrawal time: 72 hours
Threshold: 1 ng/ml of carboxydetomidine in urine or LOD for detomidine in plasma or serum
Dosage: Single sublingual dose detomidine dose detomidine (Dormosedan® gel at 40 mcg/kg)

DEXAMETHASONE

Withdrawal time: 72 hours
Threshold: 5 pg/ml in plasma or serum
Dosage: IM and IV administration of dexamethasone sodium phosphate or oral administration of dexamethasone at 0.05 mg/kg regardless of route

DICLOFENAC

Withdrawal time: 48 hours
Threshold: 5 ng/ml in plasma or serum
Dosage: Five inch ribbon topical application of 1% diclofenac liposomal cream formulation. (Surpass Topical Anti-Inflammatory Cream, IDEXX Pharmaceuticals)

DMSO

Withdrawal time: 48 hours
Threshold: 10 mcg/ml in plasma or serum
Dosage: Oral or IV

Withdrawal time: 24 hours
Threshold: 10 mcg/ml in plasma or serum
Dosage: Topical up to a total of 2 oz of DMSO used topically in an occlusive Dressing

FIROCOXIB

Withdrawal time: 14 days
Threshold: 20 ng/ml in plasma or serum
Dosage: Oral administration of firocoxib as EQUIOXX oral paste at a daily dose of 0.1 mg/kg for four days

FLUNIXIN

Withdrawal time: 24 hours
Threshold: 20 ng/ml in plasma or serum
Dosage: Single IV dose of flunixin as Banamine® (flunixin meglumine) at 1.1 mg/kg

FUROSEMIDE

Withdrawal time: 3.5 to 4 hours
Threshold: 100 ng/ml in plasma or serum
Dosage: Single IV dose of furosemide up to 500 mg

GLYCOPYRROLATE

Withdrawal time: 48 hours
Threshold: 3 pg/ml in plasma or serum
Dosage: Single IV dose of 1 mg of glycopyrrolate as Glycopyrrolate Injection, USP (American Regent product # 0517-4601-25)

KETOPROFEN

Withdrawal time: 24 hours
Threshold: 10 ng/ml in plasma or serum
Dosage: Single IV dose of ketoprofen as Ketofen® 2.2 mg/kg

LIDOCAINE

Withdrawal time: 72 hours
Threshold: 20 pg/ml of total 30H-lidocaine in plasma or serum
Dosage: 200 mg of lidocaine as its hydrochloride salt administered subcutaneously

MEPIVACAINE

Withdrawal time: 72 hours
Threshold: 10 ng/ml of total hydroxymepivacaine in urine or above LOD of mepivacaine in plasma or serum
Dosage: Single 0.07 mg/kg subcutaneous dose of mepivacaine

METHOCARBAMOL

Withdrawal time: 48 hours
Threshold: 1 ng/ml in plasma or serum
Dosage: Single IV dose of 15 mg/kg Methocarbamol as Robaxin® or 5 grams orally

METHYLPREDNISOLONE

Withdrawal time: 7 days
Threshold: 100 pg/ml in plasma or serum
Dosage: Total dose of Methylprednisolone acetate suspension in one articular space.

Withdrawal time: 21 days minimum
Threshold: 100 pg/ml for Methylprednisolone acetate
Dosage: 100 mg dose

OMEPRAZOLE

Withdrawal time: 24 hours
Threshold: 1 ng/ml of omeprazole sulfide in urine
Dosage: Single oral dose of omeprazole as Gastrogard® at 3.9 mg/kg

PHENYLBUTAZONE

Withdrawal time: 24 hours
Threshold: 2 mcg/ml in plasma or serum
Dosage: Single IV dose of Phenylbutazone at 4.0 mg/kg

PREDNISOLONE

Withdrawal time: 48 hours
Threshold: 1 ng/ml in plasma or serum
Dosage: 1 mg/kg orally

PROCAINE PENICILLIN

Withdrawal time: May not be administered following entry into a race
Threshold: 25 ng/ml in plasma or serum
Dosage: Intramuscular

TRIAMCINOLONE ACETONIDE

Withdrawal time: 7 days
Threshold: 100 pg/ml in plasma or serum
Dosage: Total dose of 9 mg in one articular space

XYLAZINE

Withdrawal time: 48 hours
Threshold: 10 pg/ml in plasma or serum
Dosage: Intravenous