

**OKLAHOMA HORSE RACING COMMISSION  
BOARD OF STEWARDS**

**CHECKLIST AND FORMAL APPLICATION  
FOR REMOVAL OF PROTECTED HORSE  
FROM THE STEWARDS' LIST / VETERINARIAN'S LIST**

*One form must be completed for each horse.*

Applicable to the Emergency Protective Orders entered April 22, 2026, including Orders 2026-REM-83, 2026-REM-84, and 2026-REM-85.

**A. Horse, Trainer, and Application Information**

<b>Horse Registered Name</b>	<b>Tattoo / Microchip No.</b>	<b>Age</b>	<b>Sex</b>
<b>Trainer of Record</b>	<b>Owner of Record</b>	<b>Current Barn / Location</b>	<b>Current Track / Facility</b>
<b>Date Application Submitted</b>	<b>Trainer Phone</b>	<b>Trainer Email</b>	<b>Primary Contact</b>
<b>Horse Category (check one)</b> <input type="checkbox"/> Category A – Prior severe-distress / van-off horse <input type="checkbox"/> Category B – Other Protected Horse	<b>Current List Status (check all that apply)</b> <input type="checkbox"/> Stewards' List <input type="checkbox"/> Veterinarian's List <input type="checkbox"/> Both	<b>Emergency Order No.</b>	<b>Exhibit Reference / Horse No.</b>

**B. Required Submission Checklist**

*Trainer must submit all required materials with this application. Attach additional pages as needed.*

<b>Item</b>	<b>Submitted</b>	<b>Date / Provider</b>	<b>Notes / Bates or Attachment Reference</b>
1. Written chronology for the 90 days preceding the Order through the date of application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2. Trainer's written explanation of likely cause(s) of the horse's elevated distress / van-off risk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Item	Submitted	Date / Provider	Notes / Bates or Attachment Reference
3. Detailed description of all corrective measures implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. All treatment records for the relevant period	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5. Pharmacy / prescription / compounding records, invoices, and shipping records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6. Barn treatment sheets, medication inventories, vet communications, and work records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
7. Records identifying all persons involved in care, training, treatment, or medication decisions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8. Records of any prior distress episode, including video, notes, treatment, recovery, and follow-up	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
9. Independent veterinarian report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
10. Third-party specialist report(s), if directed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
11. Sworn trainer certification with notarization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12. Any other supporting document relied upon by the trainer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

### C. Additional Requirements for Category A Horses (Prior Severe-Distress / Van-Off Horses)

Complete this section only if the horse is a Category A horse or if directed by the Stewards or Official Veterinarian.

Additional Item	Completed	Date / Provider	Notes / Results
1. Written incident summary describing the distress / van-off episode	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2. Post-incident veterinary treatment and recovery records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Additional Item	Completed	Date / Provider	Notes / Results
3. Specific explanation of why the horse is now believed to be safe to race	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. Additional independent specialty review required by Official Veterinarian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5. Any post-incident diagnostic workup specifically directed for this horse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6. Written veterinary clearance addressing the prior distress event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

#### D. Veterinary, Diagnostic, and Testing Protocol

Every horse must complete the items directed by the Official Veterinarian. Add rows if needed.

Protocol Item	Required by OV?	Completed	Date / Provider	Key Findings / Reference
Independent veterinarian examination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Physical examination / baseline soundness assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Lameness / gait evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Hematology / serum chemistry / muscle enzyme testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Respiratory examination / endoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Cardiac evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Musculoskeletal imaging	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Neurologic evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Toxicology review / expanded testing, if feasible and directed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Protocol Item	Required by OV?	Completed	Date / Provider	Key Findings / Reference
Other directed diagnostic workup	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Out-of-competition sample collected	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Pre-race sample collected, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Post-work sample collected, if directed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Observed work completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Post-work veterinary recovery assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**E. Trainer Narrative Summary**

*Attach additional pages if needed. The trainer must provide a medically and factually supported explanation, not mere assurances.*

**1. Trainer’s best current explanation of the likely cause or causes of the horse’s prior distress / elevated risk:**

**2. Corrective measures taken to address those cause(s):**

**3. Why the trainer contends the horse is now safe and humane to race:**

## F. Sworn Certification by Trainer

*This certification must be signed by the trainer of record and notarized.*

- I, \_\_\_\_\_, being first duly sworn, certify under oath as follows:
1. I am the trainer of record for the horse identified in this application.
  2. The information contained in this application and attachments is true and correct to the best of my knowledge.
  3. All records and information requested by the Emergency Protective Order and the Board's Instructions have been produced, or any omission has been specifically identified and explained.
  4. I have fully disclosed all medications, substances, supplements, therapies, procedures, devices, and treatments administered to or used in connection with this horse during the relevant period.
  5. I have identified all persons known to have participated in the care, training, treatment, or medication decisions concerning this horse.
  6. I have stated my best current explanation of the cause or causes of the horse's prior elevated risk of severe distress and all corrective measures implemented.
  7. No undisclosed treatment, device, or substance has been withheld from the Stewards or veterinarians.
  8. I understand that failure to cooperate fully, failure to provide complete and candid information, or submission of false or incomplete information may result in continued listing, denial of this application, and additional disciplinary action.

<b>Trainer Signature</b>	<b>Date</b>
<b>Printed Name</b>	<b>License No.</b>
<b>Subscribed and sworn before me on</b>	<b>County / State</b>
<b>Notary Public Signature</b>	<b>Commission Expires</b>

### G. Official Use Only – Completeness Review

Review Item	Status	Reviewer	Comments / Deficiencies
Application received	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
Horse identity verified	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
Category verified	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
Required records produced	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
Independent veterinarian report received	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
Specialist report received, if directed	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
Required samples collected	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
Observed work completed	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
All directed diagnostics completed	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		
Application complete for substantive review	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Pending		

### H. Independent Veterinarian / Specialist Recommendation

<b>Independent Veterinarian Name / Specialty</b>	
<b>Date(s) of Examination / Review</b>	
<b>Summary of Objective Findings</b>	
<b>Recommendation</b>	<input type="checkbox"/> Safe to proceed to next review stage <input type="checkbox"/> Not safe <input type="checkbox"/> Safe only with conditions
<b>Conditions / Restrictions / Further Testing Recommended</b>	

### I. Official Veterinarian Review

<b>Official Veterinarian Name</b>	
<b>Date of Review</b>	

<b>Required protocol completed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any unresolved veterinary finding that the horse is unsafe, unfit, or inhumane to race?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Official Veterinarian Recommendation</b>	<input type="checkbox"/> Remain listed <input type="checkbox"/> Remove from Stewards' List <input type="checkbox"/> Remove from Veterinarian's List <input type="checkbox"/> Remove from both lists <input type="checkbox"/> Other
<b>Comments / Conditions / Additional Requirements</b>	

### J. Board of Stewards Determination

<b>Date Presented to Stewards</b>	
<b>Stewards' Determination</b>	<input type="checkbox"/> Application denied <input type="checkbox"/> Continued for additional materials <input type="checkbox"/> Horse remains on Stewards' List <input type="checkbox"/> Horse remains on Veterinarian's List <input type="checkbox"/> Horse removed from Stewards' List <input type="checkbox"/> Horse removed from Veterinarian's List <input type="checkbox"/> Horse restored to eligibility
<b>Findings / Basis for Decision</b>	
<b>Additional Conditions Imposed, if any</b>	
<b>Written Order No.</b>	
<b>Steward Signature</b>	
<b>Steward Signature</b>	