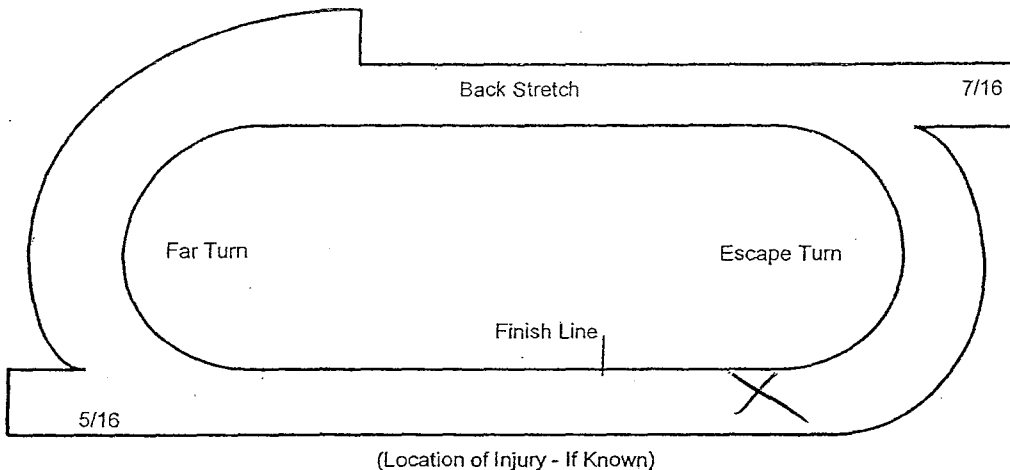


Injury Report Form



Track Bluffs Run

Date 2-28-08 Mat Eve Sch

Kennel Name Woodall

Dog's Name Yo my Sundance

Owner Name mark Arno

Grade of Race A B C D M S

Age (if known) D.O.B. 3-12-05

Type of Injury Torn Triceps muscle - left shoulder

Cause (if known) _____

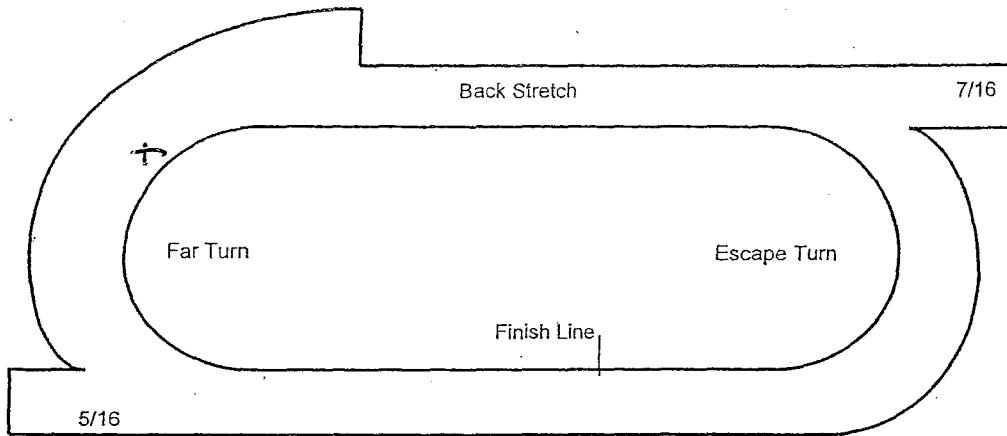
1. Director of Racing _____

2. Trainer _____

3. Veterinarian Jerry Schneider DVM

(MUST BE SIGNED BY TWO OF THE ABOVE)

Injury Report Form



(Location of Injury - If Known)

Track Bluffs Run

Date 8-2-08 Mat Eve Sch

Kennel Name 16

Dog's Name Postat

Owner Name Robert Hardison

Grade of Race A B C D M S

Age (if known) DOB 1-1-04

Type of Injury Torn attachment of Achilles tendon

Cause (if known) left rear leg

1. Director of Racing _____

2. Trainer _____

3. Veterinarian James P. Kern DVM

(MUST BE SIGNED BY TWO OF THE ABOVE)