

We are concerned with the number and type of injuries occurring to greyhounds racing at tracks in Texas. Please complete this form and submit it to the commission veterinarian, reporting all injuries sustained at any time on the track.

KENNEL NAME: High Star

GREYHOUND: Cl Show Time SEX: F WEIGHT: 61

INJURY DEATH EUTHANASIA DUE TO INJURY

EUTHANASIA FOR OTHER REASONS _____

DATE OF INJURY: 1-2-08

OCCURRED DURING: MATINEE EVENING SCHOOLING

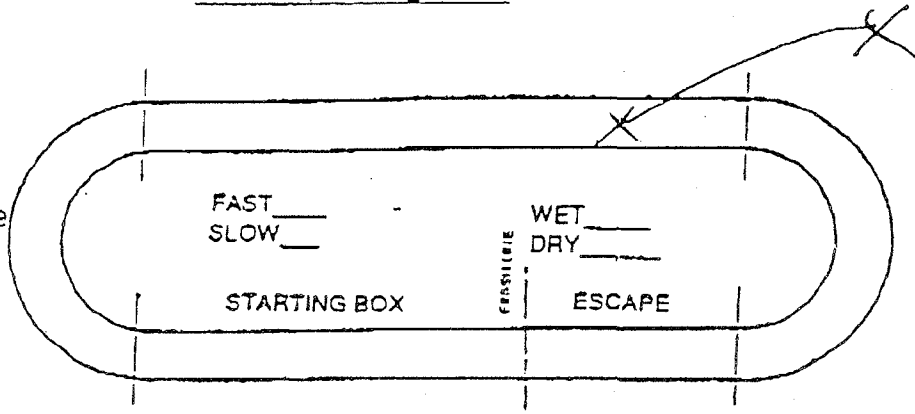
RACE NO.: 13

POST POSITION NO.: 7

GRADE: B

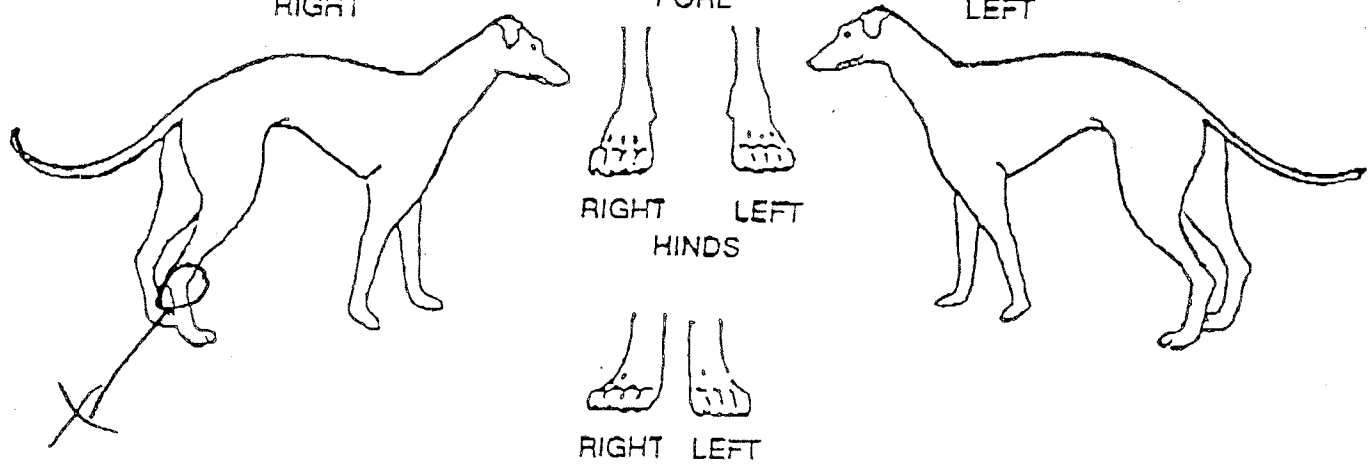
DISTANCE OF RACE: 550

Mark location on track of injury occurrence



INJURY RR - Achilles tendon TEAR?

RIGHT FORE LEFT



TRAINER/ OWNER _____

GULF GREYHOUND PARK INJURY REPORT FORM

6188

Use this form to report all injuries. It is mandatory to report all race or schooling injuries to the association veterinarian immediately.

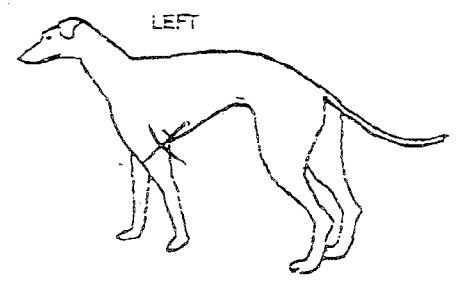
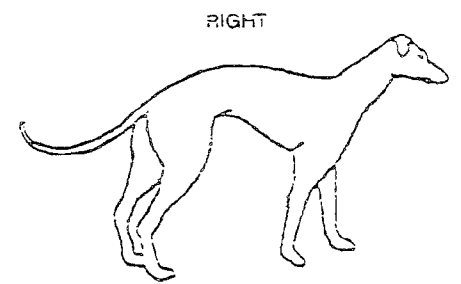
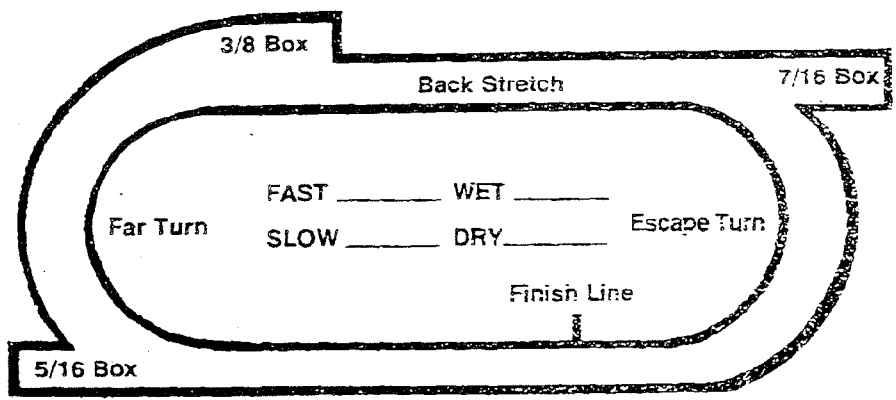
Kennel Name: SAMBIDE

Date: 7/12/08 Date of Injury: 7/12/08 Previous Injury at GGP (Date): NA

Greyhound: TIP MOTLEE Birth Date: 5/8/06 Last Race Date: 7/9/08

Race/Position: 11/4 Grade: C Matinee: Evening: Schooling:

Weight: 65 Distance: 550 Place Where Injury Occurred: TRACK
(Track, Sprint Path #, Kennel, Etc)

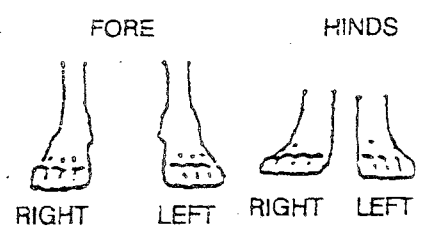


Death: _____ Euthanasia: _____

Injury: B-N

Cause: _____

Veterinarian's Assessment: Lt TRICEPTS M TEAR



Radiographic Findings: _____

Owner/Handler: Coringey

Veterinarian: James W. Murphy, DVM

GULF GREYHOUND PARK INJURY REPORT FORM

6213

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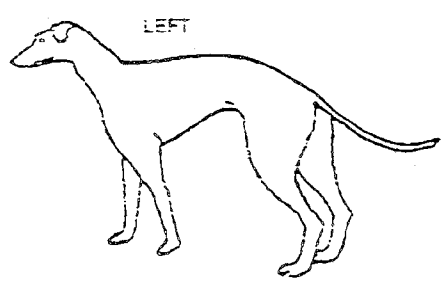
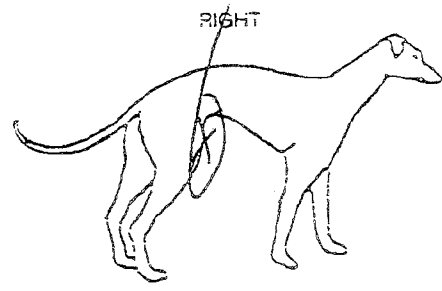
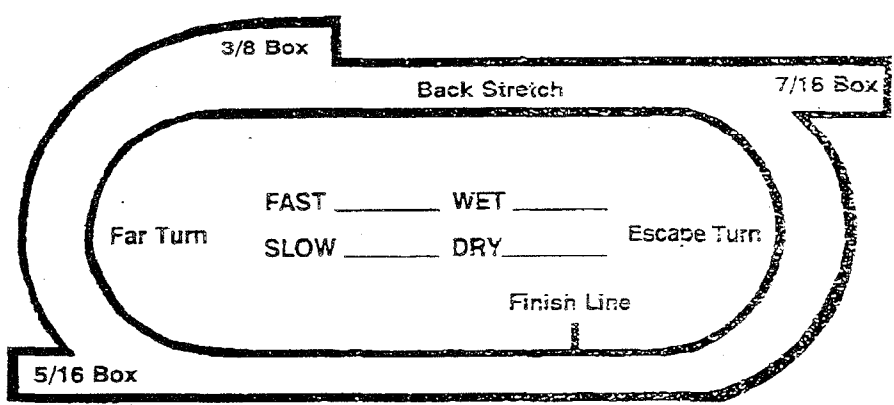
Kennel Name: LGPK

Date: 8-7-08 Date of Injury: 8/6/08 Previous Injury at GGP (Date): _____

Greyhound: Cam Preston Birth Date: 11-06 Last Race Date: 8-3-08

Race/Position: 2/4 Grade: J Matinee: _____ Evening: _____ Schooling: _____

Weight: 72 Distance: 550 Place Where Injury Occurred: [Signature]
(Track, Sprint Path #, Kennel, Etc)

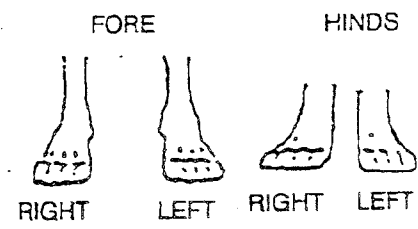


Death: _____ Euthanasia: _____

Injury: 800

Cause: _____

Veterinarian's Assessment: Torn whip muscle



Radiographic Findings: IV PA

Owner/Handler: [Signature]

Veterinarian: [Signature]