

Off Bute

STATE OF NEW HAMPSHIRE

PARI-MUTUEL COMMISSION

STATEMENT **TERMINATING** USE OF PHENYLBUTAZONE AND ALL DERIVATIVES THEREOF, HEREINAFTER CALLED "BUTE".

DATE: _____

HORSE NAME: _____

TRAINER: _____

VETERINARIAN PRINT: _____

The undersigned individuals, pursuant to the rules and regulations of the PARI-MUTUEL COMMISSION, hereby certify that:

1. The treatment of the above-named horse with "Bute" terminated on the date hereof;
2. "Bute" treatment of the horse will not be resumed until a current Use Statement has been filed with the Commission.

The trainer states that he is aware of and is responsible for all of the above undertakings.

Signature of Trainer

Signature of Veterinarian

Date filed with the PARI-MUTUEL COMMISSION _____