

## Extracorporeal Shock Wave Therapy Treatment Sheet

Standardbred \_\_\_\_\_

Thoroughbred \_\_\_\_\_

The following horse has been treated by me \_\_\_\_\_  
Veterinarian (print name)  
with shock wave therapy on \_\_\_\_\_ at \_\_\_\_\_.  
(Date) (Location)

Horse: \_\_\_\_\_

Tattoo: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Trainer: \_\_\_\_\_

Machine Serial No: \_\_\_\_\_

Part of horse treated and reason: \_\_\_\_\_  
\_\_\_\_\_

---

**I am aware** that neither I nor any other person can perform Extracorporeal Shock Wave Therapy on a horse that is entered to race until that horse is officially scratched by the stewards or judges.

**I have informed** the trainer of this horse that this horse will be immediately placed on the Shock Wave Therapy List pursuant to N.J.A.C. 13:70-14A.18 and N.J.A.C. 13:71-23.17 and the horse shall be disqualified from racing for 10 days.

**I certify that the foregoing statements are true. I am aware that if any of these statements are willfully false, I am subject to punishment.**

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date

**Email** to [NJRCshockwave@njoag.gov](mailto:NJRCshockwave@njoag.gov)