

Racing and Wagering WA

Racing Treatment Record Book

Under the RWWA Rules of Thoroughbred, Harness and Greyhound racing all licensed trainers are required to keep accurate records of all treatments administered to racing animals.

These records must be retained for a period of time as specified in the relevant code Rule and be produced if requested by Stewards either during a property inspection or at an official Stewards inquiry.

Trainers should become familiar with their relevant code Rules of Racing concerning the recording of treatments, especially the information contained within each Rule that concerns what treatments are to be recorded as a minimum.

For reference the relevant rules are:

Thoroughbred Rule AR.178F

Harness Rule 190B.

Greyhound Rule R84A

RWWA Stewards would expect that as a minimum treatment with the following categories of substances are recorded where indicated;

- (a) all Controlled Drugs (Schedule 8) administered by a veterinarian;
- (b) all Prescription Animal Remedies (Schedule 4);
- (c) all Prescription Only Medicines (Schedule 4), prescribed and/or dispensed by a veterinarian for off-label use;
- (d) all injectable veterinary medicines (intravenous, intramuscular, subcutaneous, intra-articular) not already included above;
- (e) all Pharmacist Only (Schedule 3) and Pharmacy Only (Schedule 2) medicines;
- (f) all veterinary and other medicines containing other scheduled and unscheduled prohibited substances;
- (g) all alkalinising agents; (Thoroughbred and Harness)
- (h) all herbal preparations. (Thoroughbred and Harness)

All records must include;

- (a) official name of the animal;
- (b) date of administration of the treatment;
- (c) name of the treatment (brand name or active constituent);
- (d) route of administration;
- (e) amount given;
- (f) name and signature of person administering and/or authorising treatment.

Record of purchase of all treatments

Treatment	Volume	Purchased/Supplied by	Discard date
	+		

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Racing name of Animal	Date of treatment	Treatment administered	Route of administration (e.g. oral, IV etc)	Amount given	Name and signature of person administering treatment	Name of person prescribing or authorising treatment

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