

Date dd mm yy.
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**REDUCED DOSE FORM**

Please do not administer 250 mg of Lasix to my horse

Horse Name / Nom du cheval	Tattoo # / No du tatouage
Race # / No de course	Date:

Please administer only \_\_\_\_\_ mg  
(dose must be 150 mgs or more - but less than 250 mgs)

\_\_\_\_\_  
Trainer, Assistant Trainer, Owner - Print name

\_\_\_\_\_  
Signature

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