

<u>Horse</u> (Dam if unnamed)	<u>Birth</u> <u>Year</u>	<u>Gender</u> C-Colt F-Filly G-Gelding	<u>Heart</u> <u>Rate</u>	<u>Heart</u> <u>Girth</u>	<u>Fitness</u> LT -Light Training B-Breezing RF- Racing Fit	<u>Comments*</u>	<u>Results</u>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

*If Gelding, denote date of castration; If subject has been given anabolic steroids in the past 30 days, denote number of treatments and last date given.

BET PRO2 TEST INFORMATION LOG

Required Information:

Clinic _____
Practitioner _____
Phone _____
Fax _____

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