



**NOTICE OF SHOCKWAVE THERAPY TREATMENT**

I \_\_\_\_\_ (Trainer) advise in accordance with NSWLR 213B that the follow horse/s have been treated with shock wave therapy. I also declare that this horse/s will not be racing within the next seven (7) days in accordance with AHRR 213B. I have further recorded such treatment in my log book in accordance with AHRR 190B.

\_\_\_\_\_ (signed)

\_\_\_\_\_ (date)

| NAME OF HORSE | DATE OF TREATMENT | CONDITION TREATED | NAME OF PERSON ADMINISTERING TREATMENT |
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Lodgement of Form:

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