Commonwealth of Pennsylvania

“BLEEDER” CERTIFICATION

__________________________________ , (_________________________________) (HORSE) (COLOR SEX TATTOO) exhibited respiratory bleeding in my presence at ________________ (TRACK) on _________________, and is hereby placed on the STATE HORSE RACING (DATE) COMMISSION BLEEDER’S LIST.

The above named horse was seen bleeding from the nostril(s)

_____ on the track / paddock during or immediately after the _____ race (Circle One)

_____ on the track / paddock during or immediately after training exercise (Circle One)

_____ at Barn / Training Facility during or immediately after training exercise (Circle One)

_____ An endoscopic examination was not necessary to diagnose respiratory bleeding.

_____ An endoscopic examination was performed by Dr. ______________________ (Practitioner) to confirm a diagnosis of respiratory bleeding

_____ in the paddock area after the _____ race.

_____ in the paddock area after training exercise.

_____ in Barn # _________

_____ at Training Facility ______________________________________________ (Facility Name and Address)

___________________________________
Pennsylvania Licensed Veterinarian

Revised 3/07/17