



**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**