

Bleeder Certificate

This is to certify that the Horse _____
(Name) (Tattoo)

Exhibited EIPH (Exercise-Induced Pulmonary Hemorrhage) at: _____
(Track/Farm)

On _____ (Date) and it is requested that the horse be placed on the official Florida Salix list.

The mentioned horse was seen bleeding from the nostrils

_____ after a race.

_____ after a workout.

_____ an endoscopic examination was not necessary to diagnose EIPH

_____ an endoscopic examination was performed by the / Dr. _____ to confirm the diagnosis of EIPH.

When utilized as a Bleeder's Certificate, this completed form must be submitted to the Salix Coordinator of the Gulfstream Park.

Veterinary witness date

Notification of Salix Administration

Name of Horse: _____ Tattoo: _____
Year Foaled: _____ Color: _____ Sex: _____

In accordance with the provisions of regulation 3 of Salix from the Gulfstream Park, the trainer of record and the attending veterinarian for the horse listed above attest to the following:

- The horse has not exhibited previously Equine Induced Pulmonary Hemorrhaging (*i.e.* External Bleeding)
- It has been determined that it is in the best interest to place the horse on Florida Salix list and to race following Salix administration.

It is understood that a Gulfstream Park veterinarian must administer the Salix no later than four (4) hours before the time of the race, in which the horse listed above will participate.

The trainer of record understands that administration of Salix may not be discontinued without first:

- Provide written verification of the attending veterinarian that it is in the best interest of the horse listed above to discontinue the use of Salix and
- Complete and submit the form required by the Gulfstream Park ("request for discontinuance of Salix") to the Coordinator of Salix in the Gulfstream Park, later than 4:00 p.m. of the day prior to the race in which is scheduled to compete.

This notification must be submitted to the Gulfstream Park Salix Coordinator prior to entry of horse listed above in a scheduled pari-mutual race horse.

Name of the trainer (print): _____
Signature of the trainer: _____ Date: _____
Name of the Attending Veterinarian (print): _____
Signature of Attending Veterinarian: _____ Date: _____

Notification received by:

Coordinator or representative of Salix

Date