



5 Gerald McCarville Drive
PO Box 128
Kensington, PE
C0B 1M0
Phone: 902 836 5500 Fax: 902 836 5320

AUTHORIZATION FORM
Exercise Induced Pulmonary
Hemorrhage Program

To be Completed by Trainer

I, _____, the trainer/or authorized agent of the owner(s) of the horse _____, tattoo number _____, hereby certify that I am expressly authorized by the owner(s) of the said horse to request that the horse be admitted to the Atlantic Provinces E.I.P.H. Program in accordance with the rules of the Atlantic Provinces Harness Racing Commission and the program set forth in the Race Track Supervision Regulations under the Criminal Code relating to the use of Furosemide. I certify that I am authorized to execute all necessary authorizations and releases on behalf of the owner(s). I further certify that I have the authority to bind the owner(s) in all matters relating to Furosemide use, including the injection of Furosemide, the racing of the horse on the same and subsequent testing therefor.

The undersigned hereby, on behalf of himself and the owner(s), my/their heirs, executors, administrators, successors and assigns releases and forever discharges the Atlantic Provinces Harness Racing Commission, its members, employees, veterinarians, animal health technicians, registered veterinary technicians, agents and all other persons, my/their heirs, executors, administrators, successors and assigns associated therewith in any capacity whatever from any, and all actions, causes of action, claims and demands for, upon and by reason of any damage, loss, injury or death to the aforesaid horse including, but not limited to negligence, or in any matter relating to the Atlantic Provinces E.I.P.H. Program respecting the administration of, racing on and testing for Furosemide or any other matter relating to the Atlantic Provinces E.I.P.H. Program.

Dated at _____ this _____ day of _____, (year) _____

Witness

Trainer or Authorized Agent

PLEASE SUBMIT COMPLETED FORM TO STANDARD BRED CANADA FIELD REPRESENTATIVE