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FORM 2
EIPH Certification Form
for horses shipping in to compete in
the Atlantic Provinces Exercise
Induced Pulmonary Hemorrhage
(E.I.P.H.) Program

To be completed by person entering horses

I, _____ the owner, trainer
or authorized agent (please circle appropriate category) of the horse

_____ tattoo number

_____ hereby certify that a duly
licensed veterinarian qualified to practice equine medicine in the jurisdiction of

_____ has certified that the above named horse requires Furosemide to reduce and/or prevent pulmonary hemorrhage in that horse.

I further certify that I am authorized to request the use of Furosemide as permitted in the Atlantic Provinces for the above named horse, and further that I am authorized to execute all necessary authorizations and releases on behalf of the owner(s). I 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 same and the subsequent testing therefor.

Please print AND sign your name

To be completed by Commission Licensed Veterinarian

This is to certify that documentation has been received confirming that the horse as described above is on the Exercise Induced Pulmonary Hemorrhage (E.I.P.H) exercise Induced Pulmonary Hemorrhage (E.I.P.H.)

Program in the Province/State of _____ and is eligible to receive Furosemide in the Atlantic Provinces to reduce and/or prevent pulmonary hemorrhage.

Signature

Date

PLEASE SUBMIT COMPLETED FORM TO STANDARDBRED CANADA FIELD REPRESENTATIVE