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# FORM 1

## E.I.P.H. Certification/Decertification Exercise Induced Pulmonary Hemorrhage Program for horses ordinarily competing in the Atlantic Provinces

### TO BE COMPLETED BY APHRC LICENSED VETERINARIAN

I, \_\_\_\_\_  
 (Name)

Consulted with the owner/trainer \_\_\_\_\_  
 (Name and SC/APHRC #)

regarding the following horse \_\_\_\_\_  
 (Name and tattoo)

**AND**

Endoscoped

#### To Place Horse on E.I.P.H. Program

In my professional opinion, the above horse has bled into its upper respiratory system (I have observed the horse bleeding from one or both nostrils following training or racing thus Endoscopy not required) and I therefore prescribe the use of Furosemide to control or reduce the amount of Hemorrhage.

\_\_\_\_\_  
 Date and Time

\_\_\_\_\_  
 Signature of Attending Veterinarian

#### To Remove Horse from E.I.P.H. Program

It is my professional opinion that this horse can be removed from the E.I.P.H Program after I

Consulted with the owner/trainer \_\_\_\_\_  
 (Name and SC/APHRC #)

regarding the following horse \_\_\_\_\_  
 (Name and tattoo)

**AND**

Endoscoped

\_\_\_\_\_  
 Date and Time

\_\_\_\_\_  
 Signature of Attending Veterinarian

**PLEASE SUBMIT COMPLETED FORM TO STANDARDBRED CANADA FIELD REPRESENTATIVE**