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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,					
Consulted with the owner/trainer	I,				
(Name and SC/APHRC #)  regarding the following horse			(Nam	ne)	
(Name and SC/APHRC #)  regarding the following horse		(Name and SC/APHRC #) regarding the following horse(Name and tattoo)			
(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					
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(Name and tattoo)  AND  Endoscoped		(Name and SC/APHRC #)			
AND  Endoscoped		regarding the following horse _			
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Date and Time Signature of Attending Veterinarian		Endoscoped			
- ·		Date and	d Time	Signature of Attending Veterinarian	

PLEASE SUBMIT COMPLETED FORM TO STANDARDBRED CANADA FIELD REPRESENTATIVE