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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 STANDARD BRED CANADA FIELD REPRESENTATIVE [to jjjbpower@pei.sympatico.ca](mailto:jjjbpower@pei.sympatico.ca)