



Name of Horse: \_\_\_\_\_ Tattoo: \_\_\_\_\_

Year Foaled: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Select as applicable below, provide required information and submit as required to Ocala Breeders' Sales Company.

**Bleeder's Certificate:**

- This is to certify that the horse identified above exhibited Exercise Induced Pulmonary Hemorrhage (EIPH) at \_\_\_\_\_ Track or Farm on \_\_\_\_/\_\_\_\_/\_\_\_\_ and it is requested that the horse be placed on the Ocala Breeders' Sales Company Salix List.
- The horse identified above was seen bleeding from the nostril(s):
  - after a race or,  after a workout
  - An endoscopic examination was performed by Dr. \_\_\_\_\_ to confirm the diagnosis of EIPH.
  - An endoscopic examination was not necessary to diagnose EIPH

When utilized as a Bleeder's Certificate, this completed form must be submitted to the Ocala Breeders' Sales Company Salix Coordinator within 10 days of the EIPH incident.

**Declaration to:**

**Administer Furosemide (Salix)**

The trainer of record and attending veterinarian for the horse identified above attest that it has been determined that it is in the best interest of the horse to place it on the Ocala Breeders' Sales Company Salix List in the absence of signs of EIPH, and to race the horse with Salix administered by a licensed veterinarian no later than four (4) hours prior to post time of the race in which the horse is entered.

The trainer of record understands that the administration of Salix may NOT be discontinued without first:

- Providing written verification from the attending veterinarian that it is in the best interest of the horse listed above to discontinue the use of Salix and
- Completing and submitting the required Ocala Breeders' Sales Company form, Request to Discontinue Salix, to the Ocala Breeders' Sales Company Salix coordinator no later than 48 hours prior to racing the horse listed above without Salix.

This notification must be submitted to the Ocala Breeders' Sales Company Salix Coordinator prior to entry of the horse listed above in a scheduled pari-mutuel race.

**Discontinue Furosemide (Salix) Administration**

The trainer of record and attending veterinarian for the horse identified above attest that it has been determined it is in the best interest of the horse to remove it from the Ocala Breeders' Sales Company Salix List. The horse must remain off Salix for at least sixty (60) days unless it exhibits signs of EIPH.

The completed form must be submitted to the Ocala Breeders' Sales Company Salix Coordinator no later than 48 hours prior to the scheduled post time of the race the horse is entered to run when utilized as a Declaration to Administer Salix, or as a Declaration to Discontinue Salix as applicable.

\_\_\_\_\_  
Veterinarian Name (please print)

\_\_\_\_\_  
Trainer of Record Name (please print)

\_\_\_\_\_  
Signature of Veterinarian                      Date

\_\_\_\_\_  
Signature of Trainer of Record                      Date