



GULFSTREAM PARK

Bleeder's Certificate

This is to certify that the horse _____
Name _____ Tattoo _____

Exhibited EIPH (Exercise Induced Pulmonary Hemorrhage) at _____
Track or Farm

on _____ and it is requested that the horse be placed on the official Florida Salix list.
Date

The above named horse was seen bleeding from the nostril(s)

_____ after a race.
_____ after a workout.

_____ An endoscopic examination was not necessary to diagnose EIPH

_____ An endoscopic examination was performed by Dr. _____ to confirm the diagnosis of EIPH.

Witnessing Veterinarian Date