



COMMONWEALTH of VIRGINIA

Virginia Racing Commission

10700 Horsemen's Road

New Kent, Virginia 23124

(804) 966-7400; FAX (804) 966-7418

UNIVERSAL BLEEDER CERTIFICATE
EXAMINATION REPORT FOR
EXERCISE INDUCED PULMONARY HEMMORRHAGE

Name of Horse: _____ Tattoo: _____

Year Foaled: _____ Color: _____ Sex: _____

Breed: _____ Trainer: _____

The above horse was observed bleeding on _____ (date)

_____ From the nostrils (before leaving track _____ or in test barn _____)

_____ By endoscopic exam (within 90 minutes of exercise or racing)

The bleeding occurred following

_____ A training exercise at _____

_____ A Race at _____

Bleeding observed by _____ (signature)

Practicing Veterinarian holding VRC permit _____

Virginia Racing Commission Veterinarian _____

This horse will not be allowed to race in Virginia until _____

Signature (Commission Veterinarian): _____