

State Of New Hampshire
Pari-Mutuel Commission
244 North Main Street
Concord, NH 03301-5041
Phone (603) 271-2158
Fax (603) 271-3381
<http://www.nh.gov/nhpmc>



BLEEDER CERTIFICATION

HORSE _____ COLOR _____ SEX _____

TATTOO _____, EXHIBITED PULMONARY BLEEDING AT

_____ ON (date) _____, AND IS HEREBY PLACED ON THE
OFFICIAL STATE OF NEW HAMPSHIRE "BLEEDER" LIST.

THE ABOVE NAMED HORSE WAS SEEN BLEEDING FROM THE NOSTRIL(S):

_____ ON THE TRACK DURING OR AFTER THE _____ RACE.

_____ IN THE DETENTION BARN AFTER THE _____ RACE.

_____ IN THE STABLE AREA AFTER THE _____ RACE.

_____ IN THE STABLE AREA AFTER TRAINING EXERCISE.

_____ AN ENDOSCOPIC EXAMINATION WAS NOT NECESSARY TO DIAGNOSE

_____ PULMONARY BLEEDING.

_____ AN ENDOSCOPIC EXAMINATION WAS PERFORMED TO CONFIRM A DIAGNOSIS
OF PULMONARY BLEEDING;

_____ IN THE STABLE AREA AFTER THE _____ RACE.

_____ IN THE STABLE AREA AFTER TRAINING EXERCISE.

I / WE, THE UNDERSIGNED TRAINER AND PRACTITIONER, HEREBY CERTIFY THAT THE
ABOVE STATEMENTS ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY / OUR
KNOWLEDGE.

I / WE, THE UNDERSIGNED, ACKNOWLEDGE THAT PURSUANT TO RSA 641:3, MAKING A
FALSE STATEMENT ON THIS FORM IS PUNISHABLE AS A CRIME.

TRAINER (SIGNATURE) _____

Date

TRAINER (PRINT NAME) _____

PRACTITIONER (SIGNATURE) _____

Date

COMMISSION VETERINARIAN _____