

Veterinary Clearance Certificate

Horse name				Trainer name		
Exam date		Exam time		Microchip No.		
Sex	Gelding Filly	Horse Mare	Rig	Brand left	Brand right / Standardbred brand	
Colour	Bay Grey	Brown Chestnut	Black			

I certify I have recently (within 24 hours) examined the above named horse for the following recorded injury, illness or condition:

Or, if providing clearance for a previous arrhythmia or nasal bleeding, please select:						
Arrhythmia	Nasal bleeding					

Please provide any details of orthopaedic condition or other relevant information:

is opinion is based on the fo	llowing examination(s) and/or diag	nostic procedures:	
Physical examination	Cardiac auscultation	Standing endoscopy	Radiography
Trot-up examinationResting ECGLimb flexion test(s)Exercise ECG		Dynamic endoscopy	Ultrasound Scintigraphy
		Oral/Dental examination	
Echocardiograhy Post-exercise ECG		Blood sample analysis	MRI or CT
Regional anaesthesia			If other, comment above

Please initial each statement below. If a statement is not applicable, please put N/A in lieu of initials. If you disagree with any of the statements, please explain why in the space provided above:

I am satisfied that (to the best of my knowledge) no treatment or procedure has been administered or performed within 24 hours of this examination that may have potential to impact my veterinary assessment of this horse.					
There are no clinical or historic findings that warrant follow-up examination or further diagnostic investigation(s).					
On observation of the horse trotted in hand on a firm level surface, there is not lameness or appreciable abnormality that would render this horse unsuitable to return to training, barrier trial or racing.					
The horse has been provided with a sufficient rest period for recovery / rehabilitation relevant to the condition.					
I confirm that I have thoroughly examined the horse and am satisfied for it to resume trialing and racing.					
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		Mobile No.			
	within 24 hours of this examination that may hav There are no clinical or historic findings that war On observation of the horse trotted in hand on a abnormality that would render this horse unsuita The horse has been provided with a sufficient res	within 24 hours of this examination that may have por There are no clinical or historic findings that warrant On observation of the horse trotted in hand on a fir abnormality that would render this horse unsuitable The horse has been provided with a sufficient rest por I confirm that I have thoroughly examined the horse			

Signature

Date

Please return the Veterinary Clearance Certificate to the raceday Stewards by email (or as a signed printed copy).