

CERTIFICATION APPLICATION FORM FOR
EXERCISE INDUCED PULMONARY HEMMORRAGE (E.I.P.H.)
TREATMENT

FOR HORSES REGISTERED AT
ALBERTA "A" CIRCUIT RACETRACKS
Rule #130 (1) Alberta Horse Racing Rules

We, the undersigned, have determined that it would be in the best interest of the Quarter Horse (name) _____, (tattoo number) _____ to race with furosemide and be placed on the E.I.P.H. Certified List.

Date _____ Trainer's Signature _____

Date _____ Licensed Veterinarian's Signature _____

I, _____, the Official Veterinarian certify the above information is correct and have added the horse _____ to the E.I.P.H. Certified List.

Date: _____ Official Veterinarian's Signature _____

CORPORATE OFFICE

Authorization Exercise Induced Pulmonary Hemorrhage Program

TO BE COMPLETED BY TRAINER:

I, _____, the trainer/or authorized agent of the owner(s) of the horse

_____ tattoo number _____ (the "Horse") hereby certify that I am expressly authorized by the owner(s) of the Horse to request that the horse be admitted to the Alberta Exercise Induced Pulmonary Hemorrhage (EIPH) Program in accordance with the *Rules Governing Horse Racing in Alberta* and the *Pari-Mutuel Betting Supervision Regulations* under the *Criminal Code* relating to the use of Furosemide. I certify that I am authorized to execute all necessary authorizations and releases on behalf of the owner(s). I further certify that I have the authority to bind the owner(s) in all matters relating to Furosemide use, including the injection of Furosemide, the racing of the Horse following an injection of same as well as subsequent testing thereof.

The undersigned hereby, on behalf of him or herself and the owner(s) of the Horse, their heirs, executors, administrators, successors and assigns releases and forever discharges Horse Racing Alberta, its directors, officers, employees, veterinarians, animal health technicians/registered veterinary technicians, agents and all other related persons, their heirs, executors, administrators, successors and assigns (the "Releasees") from any and all causes or action, claims and demands of any kind whatsoever for any damage, loss or injury of any kind whatsoever or death to the Horse, arising from the inclusion of the Horse in the Alberta EIPH Program, including but not limited to the injection of Furosemide, the racing of the Horse following an injection of same as well as subsequent testing thereof, whether due to the negligence of the Releasees or not.

Dated at _____ this _____ day of _____, 20 _____.

Witness

Trainer or Authorized Agent

CORPORATE OFFICE

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