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**EXERCISE INDUCED PULMONARY HEMORRHAGE (E.I.P.H.)**

**CERTIFICATION APPLICATION FORM**

**Indicate what form application to the lasix program is being made:**

**Form 1:** is that form to be used for horses applying in Manitoba for their first lifetime enrolment (certification) in a lasix program.

**Form 2:** is that form to be used for horses which have been admitted to a lasix program in a foreign jurisdiction.

**Form 3:** is that form to be used for horses which have been admitted to the lasix program in another Canadian jurisdiction and remain in the program at the time they are registered to race in Manitoba.

**Date:** \_\_\_\_\_

Thoroughbred Horse, \_\_\_\_\_

Tattoo No, \_\_\_\_\_

is declared eligible by the M.H.R.C. Stewards to the Lasix Program in accordance with M.H.R.C. Rule(s) 9 (15), 9 (16), 9 (17), 9 (18), 9 (19), 9 (22), and 9 (24)

**TRAINER MUST INDICATE IF THE ABOVE HORSE IS RACING FOR THE FIRST TIME ON LASIX:    YES \_\_\_\_\_    NO \_\_\_\_\_**

\_\_\_\_\_  
(Signature of Stewards)

\_\_\_\_\_  
(Signature of Trainer)

\_\_\_\_\_  
(Signature of Commission Veterinarian)

**Date Received:** \_\_\_\_\_