



Alcohol and Gaming Commission of Ontario
 90 Sheppard Avenue East, Suite 200
 Toronto ON M2N 0A4
 Tel.: 416-326-8700
 Toll free in Ontario: 1-800-522-2876
 Inquiries: www.agco.ca/iagco • Website: www.agco.ca

EIPH Program Authorization

The Attending Veterinarian and the Trainer, Owner, or Assistant Trainer must sign this form for the purpose of placing or removing the following horse from the Exercise Induced Pulmonary Haemorrhage (EIPH) Program.

Note: If removing the horse from the EIPH Program, only the Attending Veterinarian must sign this form.

Horse's Name	Tattoo or Microchip
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TO BE COMPLETED BY ATTENDING VETERINARIAN

I, _____, on _____
 (Name of Attending Veterinarian) (dd/mm/yyyy)

- Observed
- Endoscoped
- Consulted with the Trainer, Owner or Assistant Trainer

To Place Horse on EIPH Program

In my professional opinion, the horse mentioned in this application has bled into its upper respiratory system and I therefore prescribe the use of Furosemide to control or reduce the amount of haemorrhage.

To Remove Horse from EIPH Program

It is my professional opinion that the horse mentioned in this application can be removed from the EIPH Program.

Declaration

By signing this document, I solemnly declare that I have read over this document and I make this solemn declaration conscientiously, believing its contents to be true. I understand that further questions may become necessary and that further documentation and/or information may be required.

I understand that providing false, incomplete or misleading information or omitting to provide information in this form or related documents may be considered a violation of the *Rules of Racing* and/or may result in the refusal, suspension or revocation of a licence and/or registration. I confirm that the licence / registration holder has granted me the authority to submit this form on their behalf.

Notification

The information you submit is collected pursuant to the *Horse Racing Licence Act, 2015*. The principal purpose for which this information will be used is to ensure compliance and to determine eligibility, or continued eligibility for a licence and/or registration. Collection, use and disclosure of the information is also subject to the *Freedom of Information and Protection of Privacy Act* (FIPPA). For questions about the collection of this information, please contact Director, Regulatory Compliance at the Alcohol and Gaming Commission of Ontario, 90 Sheppard Avenue East, Suite 200, Toronto, Ontario M2N 0A4 / Telephone: 416-326-8700 or 1-800-522-2876 (toll free in Ontario) / Inquiries: www.agco.ca/iAGCO.

Signature of Attending Veterinarian	Licence Number	Date dd mm yyyy						
_____	_____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						

TO BE COMPLETED BY TRAINER, OWNER OR ASSISTANT TRAINER

I, _____, the _____
(Name) (Trainer, Owner or Assistant Trainer)

of the above-mentioned horse, hereby certify that I am expressly authorized by the Owner(s) of the said horse to request that the horse be admitted to the Exercise Induced Pulmonary Haemorrhage (EIPH) Program in accordance with the rules of the Alcohol and Gaming Commission of Ontario and the program set forth in the Race Track Supervision Regulations under the *Criminal Code* (Canada) 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 on same and subsequent testing therefor.

The undersigned hereby on behalf of him/herself and the Owner(s) my/their heirs, executors, administrators, successors and assigns releases and forever discharges the Alcohol and Gaming Commission of Ontario, its members, employees, veterinarians, animal health technicians, agents and all other persons, their heirs, executors, administrators, successors and assigns associated therewith in any capacity whatever from any and all actions, causes of action, claims and demands for, upon and by reason of any damage, loss, injury or death to the aforesaid horse, including, but not limited to negligence, or in any matter relating to the EIPH Program respecting the administration of, racing on and testing for Furosemide or any other matter relating to the EIPH Program.

Declaration

By signing this document, I solemnly declare that I have read over this document and I make this solemn declaration conscientiously, believing its contents to be true. I understand that further questions may become necessary and that further documentation and/or information may be required.

I understand that providing false, incomplete or misleading information or omitting to provide information in this form or related documents may be considered a violation of the *Rules of Racing* and/or may result in the refusal, suspension or revocation of a licence and/or registration. I confirm that the licence / registration holder has granted me the authority to submit this form on their behalf.

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Signature of Trainer / Owner / Assistant Trainer

Licence Number

Date

dd mm yyyy