



Alcohol and Gaming Commission of Ontario
 90 Sheppard Ave. E., Suite 200
 Toronto ON M2N 0A4
 Tel.: 416-326-8700
 Toll free in Ontario: 1-800-522-2876
 Fax: 416-326-5555

E.I.P.H. Certification Form (Form 2) For Horses Shipping in to Compete in Ontario Exercise Induced Pulmonary Haemorrhage (E.I.P.H.) Program

To be completed by person entering horse

I, _____
 the owner, trainer or authorized agent (please circle appropriate category) of the horse

_____ tattoo number _____ hereby certify that a duly licensed veterinarian qualified to practice equine medicine in the jurisdiction of _____ has certified that the above named horse requires Furosemide to reduce and/or prevent pulmonary haemorrhage in that horse.

I further certify that I am authorized to request the use of Furosemide as permitted in Ontario for the above named horse, and further that I am authorized to execute all necessary authorizations and releases on behalf of the owner(s). I 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 the subsequent testing therefor.

 Please print AND sign your name

To be completed by Commission or Official Veterinarian

This is to certify that documentation has been received confirming that the horse as described above is on the Exercise Induced Pulmonary Haemorrhage (E.I.P.H.) Program in the State or Province of

_____ and is eligible to receive Furosemide in the Province of Ontario to reduce and/or prevent pulmonary haemorrhage.

Signature _____

Date _____