



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
1940 North Monroe Street
Tallahassee, Florida 32399-1035
www.myfloridalicense.com/dbpr

Provide the required information below in blue ink:

Name of Horse: _____ Tattoo: _____

Year Foaled: _____ Color: _____ Sex: _____

Select as applicable below, provide required information and submit as required to the State Furosemide (Salix) Coordinator

Bleeder's Certificate:

[] This is to certify that the horse identified above exhibited Exercise Induced Pulmonary Hemorrhage (EIPH) at _____ Track or Farm on ____/____/____,

and it is requested that the horse be placed on the Florida Official Furosemide (Salix) List.

[] The horse identified above was seen bleeding from the nostril(s):

[] after a race or, [] after a workout.

When utilized as a Bleeder's Certificate, this completed form must be submitted to the State Furosemide (Salix) Coordinator within 10 days of the EIPH incident.

Declaration to:

[] Administer Furosemide (Salix)

The trainer of record and attending veterinarian for the horse identified above attest that it has been determined that it is in the best interest of the horse to place it on the Florida Official Furosemide (Salix) List in the absence of signs of EIPH, and to race the horse with Furosemide (Salix) administered by a licensed veterinarian no later than four (4) hours prior to post time of the race in which the horse entered to race.

[] Discontinue Furosemide (Salix) Administration

The trainer of record and attending veterinarian for the horse identified above attest that it has been determined that it is in the best interest of the horse to remove it from the Florida Official Furosemide (Salix) List. The horse must remain off Furosemide (Salix) for at least 60 days unless it exhibits signs of EIPH.

This completed form must be submitted to the Furosemide (Salix) Coordinator no later than 48 hours prior to the scheduled post time of the race the horse is entered to run when utilized as: a Declaration to Administer Furosemide (Salix), or as a Declaration to Discontinue Furosemide (Salix) as applicable.

Veterinarian Name (please print)

Trainer of Record Name (please print)

Signature of Veterinarian

Date

Signature of Trainer of Record

Date

Veterinarian PMW Occupational License Number

Trainer of Record PMW Occupational License Number