		STATE		
T	HOROUGHBRED	Quarter Hor	SE	Standardbrei
TRAINER:		Owne	R:	
NAME OF H	Horse:	MICROCHIP/	/Tattoo/Free	ZE BRAND#
placed <u>ON</u>	OFF the Bleeder/La (<i>Please circle one</i>)	asix list onat <u>H</u> Date (month, day, year)	ORSESHOE INDI	AANAPOLIS OR HOOSIER PA (Please circle one)
	The above horse w	vas observed bleeding: (ple	ase check below	v appropriately)
	_ Endoscopic examinati	ion		Not Observed
	_ Both from nostrils and	d by endoscopic examination		
	Nostrils*			
Observed I	Bleeding occurred (chec	ek one): DURING		Following
,	g exercise		,	finished
Trainin	g exercise Date (month, da	y, year) Race Date (i	month, day, year)	finished
	ng exercise Date (month, da	y, year) Race Date (i	, month, day, year)	finished
Endoscopio	g exercise Date (month, da	y, year) Race Date (i	, month, day, year)	finished
Endoscopio	g exercise Date (month, da	y, year) Race Date (i	, month, day, year)	finished
Endoscopio Bleeding C	g exercise Date (month, da		, month, day, year)	finished
Endoscopio Bleeding C	g exercise Date (month, dage c exam performed by: Dbserved by:		, month, day, year)	finished
Endoscopio Bleeding C If you agree t	ng exercise Date (month, day c exam performed by: Observed by: to the terms above please sign	Race y, year) Date (i 	, month, day, year)	finished
Endoscopio Bleeding C If you agree t	g exercise Date (month, day c exam performed by: Observed by: to the terms above please sign	Race y, year) Date (i 	, month, day, year)	finished
 Trainin Endoscopie Bleeding C If you agree t Trainer/Own Print COMMISSION 	ag exercise Date (month, day c exam performed by: Observed by: to the terms above please sign mer/Representative t & Sign	Race y, year) Date (i n: Practicing Veterinarian (if appl Print & Sign	, month, day, year)	finished
Endoscopio Bleeding C If you agree t Trainer/Own Print COMMISSION NOTE: IN	ag exercise Date (month, day c exam performed by: Observed by: to the terms above please sign mer/Representative t & Sign	Race y, year) Date (i n: Practicing Veterinarian (if appl Print & Sign HRC RULES:	month, day, year)	finished
Endoscopio Bleeding C If you agree t Trainer/Own Print COMMISSION NOTE: IN If no endose	ag exercise Date (month, day c exam performed by: Observed by: to the terms above please sign mer/Representative t & Sign NUSE ONLY NACCORDANCE WITH I copic exam: Trainer reque xamination and realizes that	Race y, year) Date (i n: Practicing Veterinarian (if appl Print & Sign	, month, day, year)	finished
Endoscopie Bleeding C If you agree t Trainer/Own Print COMMISSION NOTE: IN If no endosc endoscopic e. of sixty (60) a Bleeding from unless release	ag exercise Date (month, day c exam performed by: Observed by: to the terms above please sign mer/Representative t & Sign NUSE ONLY NACCORDANCE WITH I Exopic exam: Trainer reque xamination and realizes that days. m the nostrils: 1st time man		icable) Commisse is to be put o lix list it can not b lieased by commiss	finished
Endoscopie Bleeding C If you agree t Trainer/Own Print COMMISSION NOTE: IN If no endosc endoscopic e. of sixty (60) o Bleeding from unless releass prohibited from	ag exercise Date (month, day c exam performed by: Observed by: to the terms above please sign mer/Representative t & Sign NUSE ONLY NACCORDANCE WITH I Copic exam: Trainer reque xamination and realizes that lays. m the nostrils: 1st time man ed by commission vet; 3rd ti		icable) Commisse is to be put o lix list it can not b lieased by commiss	finished

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