



GULFSTREAM
PARK

Bleeder's Certificate

This is to certify that the horse _____
Name Tattoo

Exhibited EIPH (Exercise Induced Pulmonary Hemorrhage) at _____
Track or Farm

on _____ and it is requested that the horse be placed on the official Florida Salix list.
Date

The above named horse was seen bleeding from the nostril(s)

_____ after a race.

_____ after a workout.

_____ An endoscopic examination was not necessary to diagnose EIPH

_____ An endoscopic examination was performed by Dr. _____ to confirm
the diagnosis of EIPH.

When utilized as a Bleeder's Certificate, this completed form must be submitted to the Gulfstream Park
Salix Coordinator.

Witnessing Veterinarian Date

Salix Coordinator Office: 954.648.2087 Racing Office Fax: 954-457-6357 Salix Fax: 954.457.6995