

Veterinary Clearance Certificate



Horse name		Trainer name	
Exam date	Exam time	Microchip No.	
Sex	<input type="checkbox"/> Gelding <input type="checkbox"/> Horse <input type="checkbox"/> Rig <input type="checkbox"/> Filly <input type="checkbox"/> Mare	Brand left	Brand right
Colour	<input type="checkbox"/> Bay <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Chestnut		

I certify I have recently (within 24 hours) examined the above named horse for the following recorded injury, illness or condition:
 To check current embargoes, please search the horse's name at <https://racingaustralia.horse> and click on the 'embargoes' tab

Or, as per Racing Australia's Codes of Practice, please state the reason(s) for providing the veterinary clearance:

- Not started in over a year*
 12 years of age
 Arrhythmia
 Reinstatement*
 Fracture/orthopaedic*

*Please provide any reason(s) for the horse not starting in over a year, retirement, or details of orthopaedic condition or other information:

Please specify the horse's level of activity and training at the time of this veterinary examination:

- Light (walk and trot)
 Moderate (canter and slow gallop)
 Intense (strenuous gallop)

I confirm that I have thoroughly examined the horse and am satisfied for it to resume or continue training at the following level:

- Moderate (canter and slow gallop)
 Intense (strenuous gallop)
 Barrier Trial and Racing

This opinion is based on the following examination(s) and/or diagnostic procedures:

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Physical examination | <input type="checkbox"/> Cardiac auscultation | <input type="checkbox"/> Standing endoscopy | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Trot-up examination | <input type="checkbox"/> Resting ECG | <input type="checkbox"/> Dynamic endoscopy | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Limb flexion test(s) | <input type="checkbox"/> Exercise ECG | <input type="checkbox"/> Oral/Dental examination | <input type="checkbox"/> Scintigraphy |
| <input type="checkbox"/> Objective gait analysis | <input type="checkbox"/> Post-exercise ECG | <input type="checkbox"/> Blood sample analysis | <input type="checkbox"/> MRI or CT |
| <input type="checkbox"/> Regional anaesthesia | <input type="checkbox"/> Echocardiography | | <i>If other, comment above</i> |

Please initial each statement below. If you disagree with any of the statements, please explain why in the space provided above:

..... I am satisfied that (to the best of my knowledge) no treatment or procedure has been administered or performed within 24 hours of this examination that may have the potential to impact my veterinary assessment of this horse.

..... There are no clinical or historic findings that warrant follow-up examination or further diagnostic investigation(s).
 On observation of the horse trotted in hand on a firm level surface, there is no lameness or appreciable abnormality that would render this horse unsuitable to return to training, barrier trial or racing.

..... The horse has been provided with a sufficient rest period for recovery/rehabilitation relevant to the condition.

Veterinarian	VPB/VSB Reg.
Signature	Mobile
	Date