

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 below recorded injury, illness or condition –
 To find out about Racing Australia embargoes for specific horses, please visit <https://racingaustralia.horse>

Or as a requirement of a Racing Australia Code of Practice. State reason(s) for 12+ month layoff/details of orthopaedic injury above –

- Not started in 12+ months
 Fracture/orthopaedic
 Cardiac arrhythmia
 Over 12 years of age

Please specify the horse's level of activity at time of your veterinary examination –

Light training = walk and trot
 Moderate training = canter and slow gallop

- Light training
 Moderate training
 Full race training

I have performed a thorough clinical examination and am satisfied this horse is suitable to return to –

Full race training = strenuous gallop and suitable to gallop over 1000 m

- Moderate training
 Full race training
 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"/> Radiography | <input type="checkbox"/> Standing endoscopy |
| <input type="checkbox"/> Trot-up examination | <input type="checkbox"/> Resting ECG | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Dynamic endoscopy |
| <input type="checkbox"/> Objective gait analysis | <input type="checkbox"/> Exercise ECG | <input type="checkbox"/> Scintigraphy | <input type="checkbox"/> Oral/Dental examination |
| <input type="checkbox"/> Regional anaesthesia | <input type="checkbox"/> Post-exercise ECG | <input type="checkbox"/> Magnetic Resonance/
Computer Tomography | If other, comment below |
| <input type="checkbox"/> Blood sample analysis | <input type="checkbox"/> Echocardiography | | |

You must initial the following statements if you agree. Failure to agree to a statement should be explained in the comments section –

..... 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.

Comments

Veterinarian	VPB/VSB Reg.
Signature	Mobile
	Date