

# Veterinary Clearance Certificate




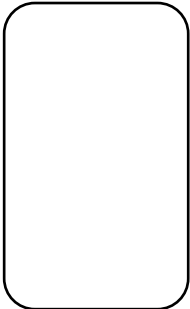

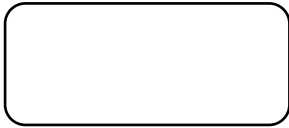
Once completed, please return via email to Racing SA Stewards Department at [vets@racingsa.com.au](mailto:vets@racingsa.com.au)

**RACINGS A**

DATE	
HORSE NAME (Microchip Number)	
TRAINER NAME	

**BRANDS**

**DESCRIPTION**

Near Side		Off Side		Gender	
				Colour	

I certify that I have examined the above horse, which required a Veterinary Clearance Certificate of Fitness as a consequence of: *(reason for issuing of Veterinary Clearance)*

\_\_\_\_\_, identified at *(race meeting location)*  
 \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

The above clearance was issued after the following examination(s) were performed *(please tick)*:

Physical Examination	<input type="checkbox"/>	Lameness Examination <i>(inc. nerve blocks if performed)</i>	<input type="checkbox"/>
Bone Scan	<input type="checkbox"/>	Cardiac Examination	<input type="checkbox"/>
Radiograph Examination	<input type="checkbox"/>	Endoscopic Examination	<input type="checkbox"/>
Other <i>(Please Explain)</i>	<input type="checkbox"/>		<input type="checkbox"/>

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In my opinion, the horse is in a fit condition to resume racing.

Veterinarian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

VPRB/VPSB Registration Number: \_\_\_\_\_

