



Racing Commissioner
 Office of Racing Commissioner
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 Lansing, MI 48909
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 Fax: (517) 241-3018
 www.michigan.gov/horseracing

Office of Racing Commissioner CERTIFICATION OF BLEEDER

Horse Name		Tattoo No.	
Breed	Sex	Age	
I hereby certify the above named horse as a bleeder under the ORC General Rules by observing the horse bleeding through the respiratory tract.			
_____ Signature			
Date and Time the above horse was observed bleeding			
From the nostrils	By endoscopic examination	Both nostrils and exam	
Observed bleeding occurred	During	Following	
A training exercise	The _____ race at (track)	In (State)	
Endoscopic exam was performed by (Private Veterinarian)			
Bleeding Observed by (Name)			

_____ Official Commissioner Veterinarian			
_____ Official Association Veterinarian			

THIS HORSE WILL NOT BE ALLOWED TO RACE IN THIS JURISDICTION UNTIL

Official Signature _____

(A) Commissioner Vet (B) Track Vet

I certify that the foregoing information is true and accurate to the best of my knowledge, information and belief. I agree to comply with the provisions of Public Act 279, of 1995, as amended, and the rules issued in accordance therewith.