



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 Horse Racing Section
 3062 W. Grand Blvd., L-700
 Detroit, MI 48202
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 www.michigan.gov/mgcb

CERTIFICATION OF BLEEDER

Horse Name		Tattoo No.
Breed	Sex	Age
I hereby certify the above named horse as a bleeder under the Racing 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 preformed by (Private Veterinarian)		
Bleeding Observed by (Name)		
_____ _____ Official MGCB Horse Racing Veterinarian _____ Official Association Veterinarian		

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

Official Signature _____

Commissioner Vet 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.