



MAINE STATE HARNESS RACING COMMISSION

28 State House Station  
Augusta, ME 04333-0028

**CERTIFICATE OF CONTINUOUS USE-EIPH (Lasix)**

I, \_\_\_\_\_, trainer, do hereby certify that the horse listed  
(Print Your Name)

below was on the Maine controlled medication program in the previous year, and does meet the requirements as established by the Maine State Harness Racing Commission rules, specifically Chapter 11, Section 2. I further understand that the 30 day rule is in effect.

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

List Name of Horse and Tattoo Number:

Horse: \_\_\_\_\_

Tattoo Number: \_\_\_\_\_

Track: \_\_\_\_\_

State Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_