



MAINE STATE HARNESS RACING COMMISSION

AFFIDAVIT

I, _____, swear and affirm that _____
(Trainer) (Horses Name)

Tattoo # _____ which is entered in the _____ race on _____
(Date)

at _____ is known to have the presence of and received medication for
(Track)

Exercised Induced Pulmonary Hemorrhage (E.I.P.H.) in _____,
(State)

the jurisdiction from which it was shipped.

Under penalty of punitive sanctions which may be imposed by the State Stewards, I

_____, of full age say that all of the above facts and

information is in all respect true to the best of his/her knowledge, information, and belief.

Signature of Trainer

Date

State Veterinarian Signature

Date