



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 Exercised
 (Track)
 Induced Pulmonary Hemorrhage (E.I.P.H.) in _____, the jurisdiction
 (State)
 from which it was shipped.

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 Phenylbutazone in
 (Track)
 _____, the jurisdiction from which it was shipped.
 (State)

I agree to provide the Commission a letter of certification from the State Veterinarian of
 said jurisdiction verifying the aforesaid facts within fourteen (14) days of the date of this
 affidavit.

Under penalty of punitive sanctions which may be imposed by the State Stewards, I
 _____, of full age says that all of the above facts and
 information is in all respects true to the best of his/her knowledge, information and belief.

 Signature of Trainer

 Date

 State Veterinarian Signature

 Date