



ES&WD  
VO31 Form

## TUBED HORSES – VETERINARY CERTIFICATE

Name of Horse: ..... Name of Trainer:.....

I certify that the tubing procedure on this horse was performed before the 1<sup>st</sup> of October 2012

**Signed:** .....

**Date:** .....

**Name of Veterinary Surgeon:** .....

**Contact Telephone Number:** .....

**This certificate must accompany the horse to the racecourse and presented on request to  
BHA officials**