



VETERINARY CLEARANCE CERTIFICATE

Please return completed form to RWAA Stewards

Thoroughbred: Stewards@rwaa.com.au

Harness: RWAAHarnessStewards@rwaa.com.au

SECTION ONE- HORSE PARTICULARS

HORSE NAME				TRAINER NAME																
BREED				AGE																
GENDER				COLOUR																
BRANDS		MICROCHIP (IF PRESENT)																		

SECTION TWO – VETERINARY CLEARANCE

Veterinarian’s Declaration

I certify that I have examined the horse described in *Section One – Horse Particulars*, at:

_____ on _____
 Horse Location Date: dd/mm/yy

for the purposes of a Veterinary Clearance Certificate to assess its suitability for returning to race after it was stood down from racing for the following reason(s):

In my opinion, the horse is currently in a suitable / unsuitable condition to resume racing for the following reason(s):

Veterinarian Name		Clinic	
Signature		Contact Number	