

Notwithstanding the inspection of the horse/s by the independent veterinary surgeon overseas, the Committee reserves the right and has the absolute discretion to grant or not to grant an exemption from its rules and regulations relating to the registration of any horse/horses.

**VETERINARY CERTIFICATE FOR THE REGISTRATION (V1.1)  
 OF RACEHORSES WITH THE MALAYAN RACING ASSOCIATION**

*[Overseas horses - To be submitted before horses are exported to enable Official Veterinary Surgeons to determine their suitability for registration with MRA prior to their importation.]*

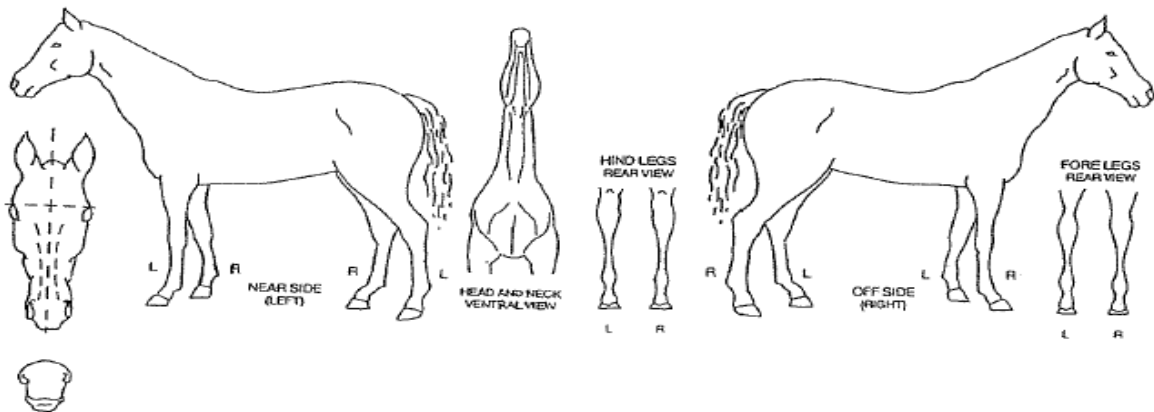
*[Local bred horses - To be submitted before horses leave the National Stud Farm to enable Official Veterinary Surgeons to determine their suitability for registration with MRA.]*

**1 DATE OF EXAMINATION**

I, \_\_\_\_\_ have examined the  
 \_\_\_\_\_  
 Name of Veterinary Surgeon  
 following racehorse at the request of \_\_\_\_\_  
 at \_\_\_\_\_  
 \_\_\_\_\_  
 Location where examination was done  
 on \_\_\_\_\_  
 \_\_\_\_\_  
 Date

**2 IDENTIFICATION OF RACEHORSE**

Horse presented as: \_\_\_\_\_ Brands: L \_\_\_\_\_ R \_\_\_\_\_  
 Horse Microchip Number: \_\_\_\_\_  
 If horse unnamed, Sire: \_\_\_\_\_  
 \_\_\_\_\_  
 Dam: \_\_\_\_\_  
 Colour: \_\_\_\_\_ Foaling Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Draw Brands and/or Markings: Mark whorls as X and scars as →



**FOR INTERNAL USE ONLY**

**Recommended / Not Recommended for Importation into MRA**

\_\_\_\_\_  
 Official Veterinary Surgeon (Name & Signature)  
 PNTC / PRTC / SLTC / SNTC

\_\_\_\_\_  
 Date

Horse presented as: _____ Brands : L _____ R _____
If horse unnamed, Sire : _____
Dam: _____
Foaling Date : _____

**3 CLINICAL EXAMINATION:**

[N.B. The Veterinary Surgeon is to perform a thorough clinical examination and give his comments on **history**, overall appearance, **temperament** and state of health. The examining Veterinary Surgeon is required to provide an opinion on examination of the horse after a walk and trot, as well as flexion tests of all four legs. Any abnormalities observed should be recorded.]

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**4 LARYNGOSCOPIC EXAMINATION: (PRE & POST EXERCISE)**

[N.B. The Veterinary Surgeon should record the results of the Pre and Post exercise Laryngoscopic examinations and comment on the results. Any abnormalities observed should also be commented upon.]

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Horse presented as: _____ Brands : L _____ R _____
If horse unnamed, Sire : _____
Dam: _____
Foaling Date : _____

**5 RADIOLOGICAL EXAMINATION (OPTIONAL):**

[If a radiological examination has been carried out, the views stated below are recommended. All findings must be recorded.]

- 1 Feet - D/P - 60° < Pedal Bone \_\_\_\_\_  
Navicular Bone \_\_\_\_\_  
- Lateral/Medial \_\_\_\_\_  
- Sky Line - PPDPO \_\_\_\_\_
- 2 Fetlock - 4+ Flexed \_\_\_\_\_
- 3 Carpus - 4+ Flexed & Sky-line CIII \_\_\_\_\_
- 4 Others - \_\_\_\_\_

**6 CONCLUSION:**

[N.B. The Veterinary Surgeon, after having reviewed their findings during examination are required to record their opinion as to whether, within the limits of this examination, the horse is suitable for racing.]

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**7 GUIDELINES:**

- 1 All overseas horses intended for registration with the Malayan Racing Association must undergo a veterinary examination prior to export.
- 2 All local bred horses intended for registration with the Malayan Racing Association must undergo a veterinary examination prior to leaving the National Stud Farm.

- 3 The examination must be performed by a registered Veterinary Surgeon with equine experience.
- 4 The examination must consist of a full clinical examination, including trotting up, flexion tests and a **pre- and post-exercise** endoscopic examination of the upper respiratory tract and trachea.
- 5 If a significant doubt should arise from the clinical examination, additional procedures such as X-rays, ECG, Ultrasound and tests for prohibited substances may be performed by the examining Veterinary Surgeon in consultation with the person requesting the examination.

If the additional procedures are not performed, this should be noted on the certificate.

- 6 The examining Veterinary Surgeon should comment on the general health and condition of the horse. Any concerns should be noted on the certificate.
- 7 The following categories of horses are not eligible for registration with MRA:
  - .1 Any horse which has a history, recorded or otherwise of bleeding. (Exercise Induced Pulmonary Haemorrhage Syndrome)  
  
Bleeding is defined as the presence of blood at the nostrils after exercise.
  - .2 **Any horse which has a history, recorded or otherwise of atrial fibrillation.**
  - .3 Any horse with evidence of crib biting, weaving, windsucking and box walking.
  - .4 Any horse blind in one eye.
  - .5 Any horse with significant pre-existing tendon, ligament or joint damage.
  - .6 Any horse which has been subject to a neurectomy (de-nerving).
  - .7 Any horse with serious hoof defects, or which requires to be shod with other than nailed on standard plain training shoes or racing plates.

Horse presented as: _____ Brands : L _____ R _____
If horse unnamed, Sire : _____
Dam: _____
Foaling Date : _____

- .8 Any horse which, on endoscopic examination, shows signs of:
  - .1 Recurrent laryngeal neuropathy (Grade 3 - 5)
  - .2 Rostral displacement of the palatopharyngeal arch
  - .3 Epiglottic entrapment
  - .4 Persistent dorsal displacement of the soft palate
  - .5 Arytenoid chondritis or chondroma
  - .6 Sub-epiglottic cysts
  - .7 Bleeding in the trachea after exercise
- .9 Any horse which shows signs of ill health for whatever reason.
- 8 All blemishes including exostoses, evidence of surgical firing, evidence of previous surgical procedures, traumatic scars and any physical defects or disabilities must be noted.
- 9 Veterinary Certificates are to be sent to the MRA prior to export/leaving the National Stud Farm following which the MRA will advise whether the horse can be registered based on the certificate.
- 10 The certificate must identify the horse and state that the horse has passed a clinical veterinary examination, and an endoscopic examination of the upper respiratory tract **before and after exercise** and that the horse was found, within the limits of the examinations performed, to be suitable for racing purposes. Radiographic examination is optional.

\_\_\_\_\_  
Name and Qualifications of  
Examining Veterinary Surgeon

\_\_\_\_\_  
Signature

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Name of Practice and Address

.....  
Date

Contact No : .....

Fax No : .....

Email : .....