

# Scratching Certificate



Once completed, please return via email to Racing SA Stewards Department at [vets@racingsa.com.au](mailto:vets@racingsa.com.au)

**RACINGS**SA

DATE	
HORSE NAME	
MICROCHIP NUMBER	
TRAINER NAME	

BRANDS

DESCRIPTION

Near Side

Off Side

Gender

Colour

I certify that I have examined the above horse, which is unfit to race as a consequence of:  
(reason for issuing of Scratching Certificate)

\_\_\_\_\_, the above horse was entered to race at  
(Race meeting location) \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

In my opinion the above horse is unfit to race for: (specify period if applicable) \_\_\_\_\_

Additional Comments:

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Veterinarian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

VPRB/VPSB Registration Number: \_\_\_\_\_