

# Veterinary Clearance Certificate



Horse name <u>LUCAS THE YOUNGER</u>		Trainer name <u>NOEL NELSON</u>	
Exam date <u>4/4/25</u>	Exam time <u>15:45</u>	Microchip No. <u>985100012105986</u>	
Sex <input checked="" type="checkbox"/> Gelding <input type="checkbox"/> Filly	<input type="checkbox"/> Horse <input type="checkbox"/> Mare	Brand left <u>DRT</u>	Brand right <u>15</u>
Colour <input type="checkbox"/> Bay <input type="checkbox"/> Grey	<input type="checkbox"/> Brown <input checked="" type="checkbox"/> Chestnut		

I certify I have recently (within 24 hours) examined the above named horse for the following recorded injury, illness or condition:  
To check current embargoes, please search the horse's name at <https://racingaustralia.horse> and click on the 'embargoes' tab

Or, as per Racing Australia's Codes of Practice, please state the reason(s) for providing the veterinary clearance:

☐ Not started in over a year\* ☐ 12 years of age ☐ Arrhythmia ☐ Reinstatement\* ☒ Fracture/orthopaedic\*

\*Please provide any reason(s) for the horse not starting in over a year, retirement, or details of orthopaedic condition or other information:

22/4/24: lame LF 3/5. xray changes (radiolucency) in third carpal bone  
10/4/25: lameness resolved. xray h carpus: no abnormalities  
in third carpal bone or any other bony changes.  
4/4/25. lameness resolved - all clear + veterinary clearance

Please specify the horse's level of activity and training at the time of this veterinary examination:

☐ Light (walk and trot) ☐ Moderate (canter and slow gallop) ☒ Intense (strenuous gallop)

I confirm that I have thoroughly examined the horse and am satisfied for it to resume or continue training at the following level:

☐ Moderate (canter and slow gallop) ☐ Intense (strenuous gallop) ☒ Barrier Trial and Racing

This opinion is based on the following examination(s) and/or diagnostic procedures:

☒ Physical examination ☒ Cardiac auscultation ☐ Standing endoscopy ☒ Radiography  
☒ Trot-up examination ☐ Resting ECG ☐ Dynamic endoscopy ☐ Ultrasound  
☐ Limb flexion test(s) ☐ Exercise ECG ☐ Oral/Dental examination ☐ Scintigraphy  
☐ Objective gait analysis ☐ Post-exercise ECG ☐ Blood sample analysis ☐ MRI or CT  
☐ Regional anaesthesia ☐ Echocardiography

If other, comment above

Please initial each statement below. If you disagree with any of the statements, please explain why in the space provided above:

MON I am satisfied that (to the best of my knowledge) no treatment or procedure has been administered or performed within 24 hours of this examination that may have the potential to impact my veterinary assessment of this horse.

MON There are no clinical or historic findings that warrant follow-up examination or further diagnostic investigation(s).

MON On observation of the horse trotted in hand on a firm level surface, there is no lameness or appreciable abnormality that would render this horse unsuitable to return to training, barrier trial or racing.

MON The horse has been provided with a sufficient rest period for recovery/rehabilitation relevant to the condition.

Veterinarian <u>M.D. WRIGHT</u>	VPB/VSB Reg. <u>V1207</u>
Signature <u>M. Wright</u>	Mobile <u>0412027922</u>
	Date <u>4/4/25</u>

Please return Veterinary Clearance Certificate to [veterinaryadmin@racingvictoria.net.au](mailto:veterinaryadmin@racingvictoria.net.au)