



2019 Horse Event Participation Declaration

ONE TRAILER PER DECLARATION FORM

BRING THIS FORM WITH YOU, DO NOT SEND EARLY

Contact Information:

Responsible Party (person in charge of horse(s) at the event): _____

Cell Phone Number: _____ Email Address: _____

Address: _____

Home Phone Number: _____ Arrival Date: _____

Division Entered: _____

Horses in Shipment:

Registered Name of Horse	Owner Name	Breed	Age	Sex	Color

Origination Information (address from which the horse(s) was moved to the event):

Name _____ Address _____

City, State Zip _____ Phone _____

Return Information (address to which the horse(s) will move after the event):

Name _____ Address _____

City, State Zip _____ Phone _____

Horse Health Declaration:

I, _____ declare that the horse(s) named above has/have been in good health, with body temperature(s) below 102°F, eating normally, has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event and has received a rhinopneumonitis & influenza vaccine within the past 180 days.

Signature _____ Date _____

Print Name _____