



# Animal Health Participation Declaration

ONE FORM PER TRAILER

## 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: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Division Entered: \_\_\_\_\_

### Animals in Shipment:

Registered Name of Animal	Owner Name	Breed	Age	Sex	Color

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

Location Name \_\_\_\_\_

Origination Address \_\_\_\_\_

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

Location Name \_\_\_\_\_

Receiving Address \_\_\_\_\_

### Animal Health Declaration:

I, \_\_\_\_\_ declare that the animal(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 \_\_\_\_\_