



Equine 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: _____

Arrival Date: _____ Division Entered: _____

List each equine in the trailer plus their temperature, taken at the **same time** [morning prior to feeding and exercise preferred], for the three days prior to arrival and check if said equine has received a rhinopneumonitis & influenza vaccine within the past 180 days.

Equines in Shipment:

Name	Owner	Breed	Age	Sex	Color	Temps			Vacc
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

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

Location Name _____

Origination Address _____

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

Location Name _____

Receiving Address _____

Equine Health Declaration:

I, _____ declare that the equine(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/have received a rhinopneumonitis & influenza vaccine within the past 180 days.

Signature _____ Date _____

Print Name _____