Equine Event Health Declaration Form

Event Details

Event Name: _____

Event Location: _____

Event Date: _____

Contact Person Details

Name of person in charge of horse at the event: _____

Address: _____ city _____ state _____ zip

Contact Phone: _____

Alternate Phone: _____

Email Address: _____

Truck License Plate # and state: _____

Horses in Shipment

Name of Horse	Breed	Age	Sex	Identification (color, markings,brand)

Horse Travel Details

Address of property from which the horse was moved from:

Address of property to which the horse will move after the event: (*please indicate if it is the same as above*)

Alternate Contact information

Name _____ Phone _____

Name _____ Phone _____

Show Participation Health Declaration

I declare that the horse(s) named above has/have been in good health, with body temperature(s) below 102 degrees F, eating normally and has/have not shown signs of infectious disease for 3 days preceding arrival at this event.

Print Name: _____

Signature: _____

Circle One: Owner Trainer Agent (*please explain relationship*)