

TRAINER/OWNER HORSE HEALTH DECLARATION FORM

THIS FORM MUST BE SUBMITTED TO THE SHOW OFFICE PRIOR TO, OR IMMEDIATELY UPON, ARRIVAL

Trainer Name:	
Horses:	
hours leading up to their arrival. Furthermore, wit treated for an unexplained fever, and they must h	ed a fever exceeding 101.5 degrees or any illness in the 72 thin the past 28 days, the horses have not been exposed to on ave tested negative for any disease at least 30 days prior to ious diseases within the last six months, such information has show veterinarian.
neurological issues, have not been in contact with in	re not displaying any symptoms of infectious diseases on fectious diseases for 21 days, and are not originating from a s. To uphold the health and safety of the horses, the provided farms will be considered accurate and binding.
horses and will promptly notify the USEF for p	we reserve the right to reject further entries from all related otential disciplinary measures. Noncompliance with these on trainers, owners, and competitions that knowingly permit
Trainer Signature:	Date