## **SNHSA Horse Event Participation EHV Declaration Form**

vent Name: Franktown Meadows Schooli vent Location: 4200 Old US Hwy. 395 N., <b>Arrival day:</b>	
□ Friday schooling Oct. 14	Show date, Oct. 16
Barn:	
Contact Person/Person in charge of	horses at the event:
Cell phone number:	
E-mail address:	
Address of property from which the	

\*Twice daily temperature log and vaccination date for 3 days prior to horses attending schooling and/or horse show.

Provide EHV vaccination proof showing vaccination within past 6 months.

If digital format, PLEASE SEND TO SHOW SECRETARY.

	Show Name of Horse	Date 1:		Date 2:		Date 3:		EHV vaccination proof?
		Temp 1	Temp 2	Temp 1	Temp 2	Temp 1	Temp 2	(yes/no)
1								
2								
3								
4								
5								
6								
7								
8								

\*Please fill out and sign this form and turn it in to the show office upon your arrival to Franktown Meadows Equestrian Facility for schooling or the show date. Horses without a completed form will not be permitted to school or show.

## Horse Health Declaration

I, the horse's owner, or the agent/trainer thereof, declare that the horse(s) named above has/have been in good health, with body temperature(s) below 102°F, has/have been eating normally, has/ have not been to a facility or on the grounds with known EHV-1 or EHM positive case(s), and has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event.

Signature \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_