SNHSA Horse Event Participation EHV Declaration Form

	s Horse Sho Ranch Lane		•				
Arrival day: ☐ Friday schooling, Oct.	. 7		show dat	tes, Oct	. 8-9		
Barn:							
Contact Person/Person in c	harge of ho	orses at	the eve	nt:			
Cell phone number:							
E-mail address:							
*Twice daily temperature log ar schooling and/or horse show. Attach EHV vaccination proof s If in digital format, PLEASE SEI	showing va	ccinatio	n within	past 6	months	5.	-
Show Name of Horse	Date 1:	Date 1:		Date 2:			EHV vaccination proof
	Temp 1	Temp 2	Temp 1	Temp 2	Temp 1	Temp 2	provided? (yes/no)
ease fill out and sign this form and turn Aces Stables at Silver Creek Ranch. Ho Horse Health Declaration I, the horse's owner, or the agent/train health, with body temperature(s) below the grounds with known EHV-1 or EHM p three (3) days preceding arrival at this	orses withou ner thereof, d w 102°F, has positive case(s	t a compl declare the have be	eted form at the hors en eating	will not be se(s) name normally	ed above , has/ hav	ted to sch has/have /e not bee!	been in good n to a facility or on