

**2023 SNHSA BENEFIT WEEKEND SHOW
PARTICIPATION DECLARATION FORM**

Upon arrival to Franktown Meadows Equestrian Facility, I hereby certify the following:

Trainer's Name	Home Phone
Arrival Date	Cell Phone
Email Address	Fax

If person completing form is different from Trainer named above, please complete the Agent information below.

Authorized Agent	Home Phone
Email Address	Cell Phone

ALL HORSES, SHOWING OR NON-SHOWING, MUST BE LISTED BELOW

HORSES IN SHIPMENT		DATE OF ARRIVAL					
HORSE NAME (USE SHOW NAME)	OWNER NAME	COLOR	SEX	HEIGHT	AGE	SHOWING	NON SHOWING

Attach additional pages if necessary Stabled on FMEF property? _____ Trailer-In? _____
Location: _____

Origination Information

Address from which horses were moved to event:

Farm Name	Contact Name
Address	Phone
City	State Zip
Attending Veterinarian	Phone

HORSE HEALTH DECLARATION

I declare that the horse(s) named above have been in good health, with no signs of Pigeon Fever and have had no known exposure to horses infected with Pigeon Fever and that the property they originate from AND neighboring properties have not had any cases or symptoms of Pigeon Fever in the last 4 weeks preceding arrival at this event.

By signing below I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

Signature	Date
Print Name	