SNHSA Horse Event Participation EHV Declaration Form

Event Name: Maplewood Stables Horse Sho Event Location: 425 W. Laramie Dr., Reno, Arrival day:					
Friday schooling May 27		Show date, May 28			
		Show date, May 29			
Barn:					
Contact Person/Person in charge of he	orses	at the event:			
Cell phone number:					
E-mail address:					
Address of property from which the ho	orse w	as moved to the even			

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

Attach EHV vaccination proof showing vaccination within past 6 months.

If digital format, PLEASE SEND TO SHOW SECRETARY, NOT THE SHOW MANAGER.

	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	provided? (yes/no)
1								
2								
3								
4								
5								
6								
7								
8								

*Please fill out and sign this form and turn it in to the schooling supervisor or the show office upon your arrival to Maplewood Stables. 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: _____