SNHSA Horse Event Participation EHV Declaration Form

vent Name: Franktown Meadows Hu	·
vent Location: 4200 Old US Hwy. 3	395 N., Washoe Valley, NV 90704
Arrival day: ☐ First day to school	☐ Show dates, June 24-26
Barn:	
Contact Person/Person in charg	e of horses at the event:
Cell phone number:	
E-mail address:	
Address of property from which	the horse was moved to the event:
Twice daily temperature log and va chooling and/or horse show.	accination date for 3 days prior to horses attending
rovide EHV vaccination proof sho	wing vaccination within past 6 months.

If digital format, PLEASE SEND TO SHOW SECRETARY prior to event dates

	Show Name of Horse	Date 1:		Date 2:		Date 3:		EHV vaccination proof?
	Show Name of Horse	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(s). Horses without a completed form will not be permitted to school or show.

Horse Health Declaration

, 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 or
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:		