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

| Arrival day:<br>☐ Friday, schooli               | ng Aug. 12      |            | Show da    | tes, Aug | j. 13-14 |           |                      |
|---|-----------------|------------|------------|----------|----------|-----------|----------------------|
| Barn:   |                 |            |            |          |          |           |                      |
| Contact Person/Pers                             | on in charge of | horses at  | the eve    | nt:      |          |           |                      |
| Cell phone number: _                            |                 |            |            |          |          |           |                      |
| E-mail address:                                 |                 |            |            |          |          |           |                      |
| Address of property                             | from which the  | norse was  | moved      | to the e | event:   |           |                      |
|   |                 |            |            |          |          |           |                      |
| *Twice daily temperature schooling and/or horse |                 | ation date | e for 3 da | ays prio | r to ho  | rses atte | ending               |
| Attach EHV vaccination                          | nroof showing   | /accinatio | n within   | past 6   | months   | <b>6.</b> |                      |
| Attach Lity vaccination                         | proof snowing   |            |            | •        |          |           |                      |
| If digital format, PLEASE                       |                 |            |            | -        |          |           | GER.                 |
| If digital format, PLEASE                       | E SEND TO SHO   | W SECRE    |            | -        |          |           | EHV vaccination pro- |
|   | E SEND TO SHO   | W SECRE    | TARY, N    | NOT THI  | E SHOV   |           |                      |
| If digital format, PLEASE                       | SEND TO SHO     | W SECRE    | Date 2:    | NOT THI  | Date 3:  | V MANA    | EHV vaccination pro  |
| If digital format, PLEASE                       | SEND TO SHO     | W SECRE    | Date 2:    | NOT THI  | Date 3:  | V MANA    | EHV vaccination pro  |
| If digital format, PLEASE                       | SEND TO SHO     | W SECRE    | Date 2:    | NOT THI  | Date 3:  | V MANA    | EHV vaccination pro  |
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| If digital format, PLEASE                       | SEND TO SHO     | W SECRE    | Date 2:    | NOT THI  | Date 3:  | V MANA    | EHV vaccination pro  |

Date: \_\_