SNHSA Horse Event Participation EHV Declaration Form

Arrival day: □ Friday, schooling Aug. 12 Barn: Contact Person/Person in character Cell phone number:	rge of ho				j. 13-14 		
Contact Person/Person in char-	rge of ho			nt:			
Cell phone number:		orses at	the ever	nt:			
-							
E-mail address:							
Address of property from whic	h the ho	rse was	moved	to the e	vent:		
*Twice daily temperature log and vaccinooling and/or horse show. Attach EHV vaccination proof should be digital format, PLEASE SEND TO	wing va	ccinatio	n within	past 6	months	5.	-
Show Name of Horse	Temp 1 Temp 2		Temp 1 Temp 2				provided? (yes/no)
	<u> </u>		·	· ·	•	•	(Journe)

Date: ____