

# Oct. 7-8, 2023 Pair of Aces Horse Show

## PARTICIPATION DECLARATION FORM

Upon arrival to the Silver Circle Ranch 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 Silver Circle Ranch 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. I have also observed the required Bio-Security Measures prior to arrival to the show facility.

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 \_\_\_\_\_