

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 _____