Horse Event Participation Declaration

Event Name:					
Event Location:					
Arrival & Event Date(s)	:			_	
Contact Person:					
Name of Person in Char	ge of Horse(s) a	at the Eve	nt:		
Address:					
Home Phone Number:		Cell Phone Number:			
Email Address:		Truck License Plate #:			
Name of Horse	Breed	Age	Sex	Identification (Color, Markings, Brand)	Stall Location
Address of property from w	hich the horse w	as moved	to the eve	nt:	
Address of property to which	ch the horse will	move after	the event	: (If different from above.)	
Alternate Contact Infor	mation (For ot	her indivi	duals af	filiated with named horses)	
ame: Cell Phone #:					
Name:	Cell Phone #:				
Horse Health Declaration	on				
I,health, with body temperat disease for the three (3) da	ure(s) below 101	.5°F, eating	g normally	orse(s) named above has/have v and has/have not shown signs	been in good of infectious
Signature:	Date:				

(Complete a separate form for different owners.)

The Horse Event Participation Declaration will only be filled out on multiple day events excluding rodeos.