Horse Event Participation Declaration

Event Name: __________________________________________________________

Event Location: ______________________________________________________

Event Date(s): ______________________

Contact Person:
Name of Person in Charge of Horse(s) at the Event: ______________________
Address: ____________________________________________________________
Home Phone Number: ________________________________
Cell Phone Number: ________________________________
Email Address: ________________________________________________
Truck License Plate #: ________________________________

<table>
<thead>
<tr>
<th>Horses in Shipment</th>
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<tbody>
<tr>
<td>Name of Horse</td>
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Address of property from which the horse was moved to the event:

Address of property to which the horse will move after the event: *(If different from above.)*

Alternate Contact Information (For other individuals affiliated with named horses)
Name
Cell Phone #
Name
Cell Phone #

Horse Health Declaration
I, __________________________ declare that the horse(s) named above has/have been in good health, with body temperature(s) below 102°F, eating normally and has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event.

Signature __________________________ Date ______________
*(Complete a separate form for different owners.)*