



COMPETITION EHV-1 DECLARATION

I, _____, as the owner/trainer/agent, declare that the following horse(s) Have **NOT**:

- Been on any competition grounds that have or had an active EHV-1 or EHM positive case within the last 14 days
- Been on the grounds of, or at a private facility, barn, stable, or veterinary clinic that has or had an active EHV-1 or EHM positive case within the last 14 days
- Been in contact with a horse that has tested positive for EHV-1 or EHM within the last 14 days

Will:

- Email with entry form or bring to the show office proof of vaccinations for each horse attending the competition

Horses:

_____	_____
_____	_____
_____	_____
_____	_____

Trainer/Owner/Agent Responsible for the truthfulness and accuracy of the aforementioned information

(Signature)

(Date)

Name _____ Email _____