

# 2017 CEP SCOTTSDALE / HORSE HEALTH DECLARATION FORM

**Upon arrival to the Westworld Equestrian Center in Scottsdale, AZ, I hereby certify the following:**

Trainer's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_

Barn / Farm Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

*If person completing this form is not the trainer listed above, please complete the agent information below*

Agent Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_

**All horses, showing or non-showing, must be listed below. Use registered show names only.**

Horse Name (Registered Show Name)	Owner Name (First, Last)	Color	Sex	Height	Age	Showing (Y/N)

*Attach additional pages if necessary*

**Origination Information - Address From Which Horse(s) Were Moved To The Event**

Barn / Farm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attending Veterinarian: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

**Horse Health Declaration Statement**

I declare that the horse(s) listed above have been in good health, with body temperatures below 102° F, eating normally and have shown no signs of infectious disease for the three days preceding arrival at this event. By signing below, I affirm that I am or have the authority to sign on behalf of the Trainer and/or Agent listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_