

2024 Scottsdale Spring Shows Equine Health Document

Upon arrival to the horse show, I hereby certify the following:

Print 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 / representative information below

Print Agent / Rep Name: _____ Cell Phone: (_____) _____

All horses, showing or non-showing, must be listed. Use two columns if necessary (up to 20 horses).

Horse's Show Name & Owner's Last Name	Horse's Show Name & Owner's Last Name
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

Equine Health Declaration Statement

I declare that all of the horses listed above have been healthy with no sign of infectious disease and have not had a temperature above 101.5°F within 72 hours of arrival, nor have been around any horses or at any barn or facility that had any horses that were sick or under any type of quarantine within 28 days of arrival.

I declare that each horse listed above has been properly vaccinated as per USEF rules for **Equine Influenza (EIV) and Rhinopneumonitis (EHV 1 and EHV 4) within 6 months of the first show day**. I am in possession of such vaccination records and will produce them upon request. If a vaccination will expire during one of the shows, the horse must receive its new vaccination prior to being issued a competition number for the next show.

I declare that each horse listed above has a **Negative Coggins for Equine Infectious Anemia (EIA)** dated within 12 months of the first show day. In addition, if any horses are coming from outside of Arizona, they must have a **Health Certificate dated within 30 days of the first show day**. I am in possession of such records and will produce them upon request.

This EQUINE HEALTH DOCUMENT (available at www.cepsshows.com) must be presented upon request the first time a horse enters the property. Horses stabled off property that "haul-in" each day for their classes will only be required to present this document the first time they arrive.

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: _____