Equine Health Attestation

How to fill in this form: *Please complete all details below, check all statements that are correct, sign and date this form.*

I, _____, as the owner/trainer/agent, declare that the horse(s) listed below, who arrived at Garrod Farms on the date of_____ .

HAVE NOT:

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

Veterinarian Name: _____

Veterinarian Email: _____

Veterinarian Phone: _____

List All Horse Name(s): _____ _____

_____ _____ _____

_____ _____ _____

This attestation is signed by the Trainer/Owner/Agent responsible for the truthfulness and accuracy of the aforementioned information:

Signature: _____ **Date:** _____

Name: _____ **Email:** _____

What to do with this form: *Either email this form to buckleseriesgarrodfarms@gmail.com ahead of the show OR bring this completed form along to the show office when you check in.*

Please ensure *that you have a vaccine certification/proof of vaccinations with you for each horse attending the show.*