

Before arrival this form MUST be emailed to theclassicshowslive@gmail.com

# USEF Competition EHV-1 Declaration Form

I, \_\_\_\_\_, as the owner/trainer/agent, declare that my horse(s) that arrived at \_\_\_\_\_ on \_\_\_\_\_  
(Competition Grounds) (Date)

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 .....

Have:

- Maintained a twice daily temperature log that is available for review by competition management or Steward/TD .....

Veterinarian: \_\_\_\_\_

Veterinarian Email: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

Horses: (Name and USEF ID Required)

_____	_____
_____	_____
_____	_____

Have any of these horses been out of state or recently imported? Yes  No

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

(Signature)

(Date)

Name \_\_\_\_\_ Email \_\_\_\_\_

## VET EVALUATION/STATEMENT OF HEALTH

I, \_\_\_\_\_, the attending veterinarian, declares on (date) \_\_\_\_\_ that the aforementioned horses have been evaluated within **5 days of arrival** and are confirmed that they:

- Are in good health and with no sign of infectious disease .....
- Are NOT demonstrating any signs of EHV-1.....
- Have NOT had any known exposure to EHV-1 in the past 21 days.....
- Are NOT coming from a property with known EHV-1 positive cases .....

Veterinarian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

To be filled out by person submitting form:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE