

## LIVE OAK INTERNATIONAL HORSE HEALTH DECLARATION

Upon arrival to Live Oak International, I hereby certify the following:

Rider's Name _____	Home Phone _____
Arrival Date _____	Cell Phone _____
Email Address _____	Facsimile _____

If Person Completing Form is Different From Trainer Above, Please Complete The Agent Information Below:

Agent _____	Agent Phone _____
Agent Email _____	Agent Cell _____

**ALL Horses, Showing or Non-Showing, Must be listed**

**below.** Horses in Shipment Date of Arrival \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Horse Name (use Show Name)	Owner Name	Color	Sex	Height	Age	Showing	Non Showing

**ORIGINATION INFORMATION**

Address from which horse(s) were moved to the event

Location: _____	Farm Name _____
Contact Name: _____	Address _____
City: _____	State _____
Attending Veterinarian: _____	Phone _____

**STATEMENT OF HEALTH SIGNED BY LICENSED VETERINARIAN**

I declare that the horse(s) named above have been in good health, with body temperature below 102°F, eating normally and have shown no signs of infectious disease for the seven (7) days preceding arrival at this event.

The Horse/s listed above have received regular vaccinations against Equine Influenza and EHV 1&4, not been treated for EHV-4/1 within 28 days, not been at a facility under quarantine for EHV-4/1 or exposed to any horse showing symptoms of EHV-4/1 within the past 28 days.

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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