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# AgriPark Event Participation Health Declaration

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Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

**Contact Person:**

Name of Person in Charge of Horse(s) at the Event: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Horses in Shipment

Name of Horse	Breed	Age	Sex	Identification (Color, Markings, Brand)	Stall Location

Address of property from which the horse/s was moved to the event:

Address of property to which the horse will move after the event: *(If different from above.)*

Alternate Contact Information (For other individuals affiliated with named horses)

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## Horse Health Declaration

I, \_\_\_\_\_ declare that the horse(s) named above has/have been in good health, with body temperature(s) **below 102°F, eating normally** and **has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Complete a separate form for different owners.)*

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For office Use only: Date

and Time of Arrival \_\_\_\_\_

Date and Time of Departure \_\_\_\_\_

Event Official Initials \_\_\_\_\_

Event Official Initials \_\_\_\_\_