



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)

_____	_____
_____	_____
_____	_____

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

(Signature)

(Date)

Name _____ Email _____

To be filled out by person submitting form:

SIGNATURE

PRINT NAME

TITLE

DATE



Santa Barbara County Riding Club

VACCINATION RECORD: EQUINE INFLUENZA AND EQUINE HERPES

Owner Name: _____

Horse Name: _____

This form may be used to for documenting Equine Influenza and Equine Herpes Virus (Rhinopneumonitis) vaccinations .

Date (Day/Month/Year)	Place and Country	Vaccine			Name, Signature, and/or Stamp of Veterinarian
		Name	Batch	Route Mode	

To be filled out by person submitting form:

SIGNATURE

PRINT NAME

TITLE

DATE