



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



3 DAY TEMPERATURE LOG

****MUST BE SUBMITTED UPON ARRIVAL****

A **3** day temperature log, with temperature taken twice per day will be required upon arrival. You will present this paperwork filled out at the Check in gate in order to enter the grounds. Failure to present the Temperature log will result in denied access to the grounds.

TRAINER NAME

HORSE

DATE	AM TEMPERATURE	PM TEMPERATURE	INITIAL

I declare that the temperatures listed above are accurate recordings.

Due to the severity of the EHV-1 Cases that are currently in California, the paperwork that will be required to bring a horse to the Santat Barbara County Riding Club shows will be considered truthful and factual. In the event of any of these protocols being ignored, we will refuse further entries from all related horses. Noncompliance with these protocols will result in a breach and you and your horses will be asked to leave the showgrounds.

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