

2019 VIRGINIA HORSE CENTER | EVENT PARTICIPATION DECLARATION FORM

Upon arrival to the Virginia Horse Center, I hereby certify the following: _____

Trainer's//Owner Name _____ Home Phone _____

Arrival Date _____ Cell Phone _____

Email Address _____ Facsimile _____

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

Agent _____ Agent Phone _____

Agent Email _____ Agent Cell _____

All Horses, Showing or Non-Showing, Must be listed below, or on separate attached sheet.

Horses in Shipment _____ Date of Arrival ____/____/____

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

Attach additional pages if necessary

Origination Information

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

Farm Name _____

Address _____

City _____

Attending Veterinarian _____

Stabled on VHC property? Ship-In?
 Location: _____

Contact Name _____

Phone _____

State _____ Zip _____

Phone _____

Horse Health Declaration

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 three (3) days preceding arrival at this event. By signing below I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

Signature _____

Date ____/____/____

Print Name _____