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# SNHSA Horse Event Participation Declaration

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**Event Name:** Franktown Meadows Schooling Show – Aug. 12, 2017

**Event Location:** 4200 Old US Hwy. 395 N, Washoe Valley, NV 89704

**Arrival day:**

Friday schooling, Aug. 11, 2017

Saturday show date Aug. 12, 2017

**Barn:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Cell phone number:** \_\_\_\_\_ **Home phone number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Person in charge of horses at the event:** \_\_\_\_\_

**Address of property from which the horse was moved to the event:** \_\_\_\_\_

\_\_\_\_\_

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## HORSES ATTENDING EVENT\*

	Show Name of Horse	Age	Sex	Temp	Date	Temp	Date	Temp	Date
1									
2									
3									
4									
5									
6									
7									
8									

**\*Please fill out and sign this form and turn it in to the show office upon your arrival to Franktown Meadows Equestrian Facility. Horses without a completed form will not be permitted to school/show.**

### Horse Health Declaration

I, the horse's owner, or the agent/trainer thereof, declare that the horse(s) named above has/have been in good health, with body temperature(s) below 102°F, has/have been eating normally, has/ have not been to a facility with known infectious diseases, and has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event.

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

**Date:** \_\_\_\_\_