2024 Equine Health Attestation (Spring Kick Off)

How to fill in this form: Please complete all details below, check all statements that are correct, sign and date this form.

Name:	Email:
Signature:	Date:
This attestation is signed by the the aforementioned information	ainer/Owner/Agent responsible for the truthfulness and accuracy o
Veterinarian Phone:	
Veterinarian Email:	
Veterinarian Name:	
 stomatitis) positive cas Been on the grounds of active EHV-1, EHM, or vertical active EHV-1. 	grounds that have or had an active EHV-1, EHM, or VSV (vesicular rithin the last (14) days, and rat a private facility, barn, stable, or veterinary clinic that has or had (vesicular stomatitis) positive case within the last (14) days, and se that has tested positive for EHV-1, EHM or VSV (vesicular 14 days.
HAVE NOT:	
below, who arrived at The Hors Finale	ark at Woodside on the date of for the
	, as the owner/trainer/agent, declare that the horse(s) listed

What to do with this form: Either email this form to entries.woodsideschoolingshows@gmail.com ahead of the show OR bring this completed form along to the show office when you check in.

Please ensure that you have a vaccine certification/proof of vaccinations with you for each horse attending the show.