

UPON ARRIVAL TO BRAVE HORSE SHOW GROUNDS, I CERTIFY THE FOLLWING:

Trainer's Name _____ Phone _____
Arrival Date _____ Alt. Phone _____
Email Address _____

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 IN SHIPMENT - SHOWING OR NON-SHOWING - MUST BE LISTED

HORSE (SHOW NAME)	OWNER NAME	SEX	AGE	COLOR	HEIGHT	SHOWING/ NON-SHOWING
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**attach additional pages if necessary*

Origination Information

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

Farm Name _____ Contact Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Attending Veterinarian _____ 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 _____