USEF Competition EHV-1 Declaration Form

l,	, as the owner/trainer/agent, declare that my horse(s) that arrived at		
	on		
Have <u>NOT</u> :			
 Been (14)d Been active 	on any competition grounds that have or had an active EH ays on the grounds of, or at a private facility, barn, stable, or ve EHV-1 or EHM positive case within the last (14)days in contact with a horse that has tested positive for EHV-1 o	eterinary clinic that has or had an	
	tained a twice daily temperature log that is available for rev ard/TD		
Veterinarian	Phone:		
Veterinarian			
Horses:			
Office	Horse's Registered Name (AHA#)	Owner	

Trainer/Owner/Agent Responsible for the truthfulness and accuracy of the aforementioned information

(Date)