

859- 725-6991

## HISEE HICENISEE

USEF LICENSEE			
ACKNOWELDGEMENT OF VESICULAR STOMATITIS USEF REQUIREMENTS			
competition name Lamphight I to be held on June 3 (date(s)) in Option A (city, state) agree to the circled option related to hosting this event.			
Restrict entries from USDA confirmed VS Affected States under the condition that			
notification is made to the Federation and all potential participants no less than five (5) days			
prior to the start of competition and the notification is published on an obvious location on			
the competition social media sites.			
Option B			
Accept horses from VS Affected States and implement the following biosecurity			
requirements:			
o Timed Certificate of Veterinary Inspection issued within 5 days prior to the start of			
the competition which includes a VS Statement. — Ow on call Vet asked if the is for all onsite Veterinary or their technician examination of all horses from VS affected we have			
Onsite Veterinary or their technician examination of all horses from VS affected we have			
states for vesicular lesions at time of entry to venue. No norse will be permitted			
entry to stabling, schooling, or competition area without veterinary examination.			
Separate designated at a bling area from house for the search states			
o Monitoring of horses from VS Affected States for the duration of the event. Stall			
temperature logs required to be completed with twice daily temperature recordings.			
Individual designated by competition management to directly observe horses			
originating from VS affected states for vesicular lesions daily.			
o Immediate notification of State Veterinarian's office and USEF Equine Health and			
Biosecurity Veterinarian of any suspect lesions.			
<ul> <li>Implement Vector Control Measures on the premises including but not limited to</li> </ul>			
encouraging the use of individual vector control of fly sprays, wipes or protective			
covering and premises control measures to eliminate fly breeding areas.			
Option C			
Cancel the event			
By signing below, I, Angle Cooden to Locat, acknowledge consulting with veterinarian, and we have determined the above option is the most appropriate for our venue and competition.			
Angely Hording Word			
Signature Date			

4001 WING COMMANDER WAY I LEXINGTON, KY 40511 PHONE 859 810 USEF | FAX 859 721 1151 | USEF.ORG

on call Vet: Dr. Marshall Stevens - 616-560-2518



## USEF LICENSEE ACKNOWELDGEMENT OF VESICULAR STOMATITIS USEF REQUIREMENTS

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Charles Option A	(exty, state) agree to the chicles option	on June 4 (date(s)) in on related to hosting this event.
prior to the comp	entries from USDA confirmed VS Affected States ion is made to the Federation and all potential parthe start of competition and the notification is pubpetition social media sites. — as pur Dr. Flynn	rticipants no less than five (5) days blished on an obvious location on - go with A. 412p -6/1/23
Accept h	norses from VS Affected States and implement the	e following biosecurity Call Paced
requiren o T	ments:  - See Windy City I - For o fimed Certificate of Veterinary Inspection issued when the competition which includes a VS Statement.	in call Vet questions - to Dr. Flynn within 5 days prior to the start of Thurs.
o C S e	Onsite Veterinary or their technician examination states for vesicular lesions at time of entry to venue entry to stabling, schooling, or competition area wi  Rejection of any horse or load of horses wiseparate designated stabling area for horses from	e. No horse will be permitted thout veterinary examination. th suspect lesions.
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o Ir	Biosecurity Veterinarian of any suspect lesions.  Incomplement Vector Control Measures on the premical series on the premical series on the use of individual vector control of overing and premises control measures to elimina	fly sprays, wipes or protective
Option C		
Cancel the	he event	
	elow, I, Angle Gordon Volet, acknowledge consined the above option is the most appropriate for	
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0	Signature	Date BBB BBB
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