

## Aiken Horse Park Foundation

931 Powderhouse Road, SE Aiken, SC 29803

## Statement of Health

(updated 5/23/25)

All horses stabling or competing at Bruce's Field must be accompanied by a Statement of Health. The Statement of Health must be signed by a licensed veterinarian within 30 days of arrival at the show grounds.

The following horses meet the following health requirements:

- 1. All horses are in compliance with vaccination requirements of USEF GR 844 and been enrolled in a regular and consistent program of vaccination against EHV-4/1 with the most recent booster being within 180 days.
- 2. All horses have had temperature taken twice daily for the preceding 3 days and all temperatures were below 101.5 degrees Fahrenheit.
- 3. All horses have had no observable clinical signs of ill health such as nasal discharge, abnormal feces, abnormal gate or change in feed or water consumption.
- 4. All horses more than 7 months of age have documented evidence of Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis) vaccinations within 6 months prior to the date of entering the competition stables.
- 5. Have NOT shown symptoms of or been treated for EHV- 4/1 within the past 28 days OR if the horse has tested positive for EHV-1 in the last 28 days it has subsequently had two negative EHV-1 PCR nasal swab tests 7 days apart in the prior 28 days.
- 6. Have NOT been exposed to any horses that have been treated for or show symptoms of EHV 1/4 within the past 28 days.
- 7. Horses have NOT been on any premises that have a suspected or confirmed case of Vesicular Stomatitis in the prior 14 days.
- 8. Horses have NOT been in a Vesicular Stomatitis Affected County within the las 14 days. (If so, notify competition manager as horses on the shipment must follow USEF VS Protocols)
- 9. Does NOT originate from a premises under quarantine for an equine infectious disease.

Horse Name.	USEF ID.	Temperature.	Date of Vaccine	Name of Vaccine
101.5 Degrees Factories (3) days prediction Horse Park compliance with the second seco	hrenheit, eating r ceding arrival at t Foundation Bio he current proto	normally, and have shothese grounds. I declar security Protocols. I cols as updated on the	ood health, with a body own no signs of infection are that I have read the understand my horses re website and agree to a quirements. By signing b	ous disease for the nust always be in follow all monitoring
1	•		or Agent listed above.	,
Trainer, Owner o	r Owners Author	rized Agent (Print)		
Trainer (Signature	2)			

Please be mindful of routine bio-security measures to prevent any potential spread of contagious diseases. Avoid nose to nose contact between horses from different stables. Avoid shared or communal water buckets. Please feel free to contact our show veterinarian with any questions.

Horse Name.	USEF ID.	Temperature.	Date of Vaccine.	Name of Vaccine
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