## **Competition EHV-1 Declaration Form**

l,	, as the owner,	trainer/agent, declare that my
horse(s) that arrived at Paddock Riding Cl	lub on	(Date)
Have NOT:		
•Been on any competition grounds that tive case within the last 14 days	at have or had a	an active EHV-1 or EHM posi-
•Been on the grounds of, or at a privat that has or had an active EHV-1 or EHM p	•	•
•Been in contact with a horse that has last 14 days	tested positive	e for EHV-1 or EHM within the
Will:		
<ul> <li>Email with entry form or bring to the shorse attending the show</li> </ul>	show office pro	of of vaccinations for each
Horses: (Name)		
Trainer/Owner/Agent Responsible for the information(Signature)		nd accuracy of the aforementione  (Date)
Name	_ Email	