

HEALTH CERTIFICATION STATEMENT

OWNER: _____ PHONE NUMBER: _____

ADDRESS: _____

HORSE'S NAME: _____ AGE & GENDER: _____

BREED: _____

HORSES LOCATION PRIOR TO ARRIVAL: _____

I CERTIFY THAT:

The horse is healthy and has not displayed signs of clinical disease during the three (3) days prior to arrival.

The horse's body temperature has been below 102 ° F during the three (3) days prior to arrival.

The horse has been vaccinated against Equine Influenza Virus and Equine Herpesvirus during the last six (6) months.

The horse has been vaccinated against Strangles (Strep. Equi) during the last twelve (12) months.

The horse has tested negative to Equine Infectious Anemia (Coggins Test) during the last twelve (12) months.

Coggins Lab/Accession number _____

Date _____

Horse has been implanted with an ISO compliant 15-digit microchip.

Microchip number _____

I am aware of and will comply with the facilities recommended biosecurity protocols.

Owner/Agent Printed Name: _____ Date: _____

Owner/Agent Signature: _____