

HEADLANDS MANAGEMENT, INC.

USEF Competition EHV-1 Declaration Form

I, _____, as the owner/trainer/agent, declare that my horse(s) that arrived at _____ on _____
(Competition Grounds) (Date)

Have NOT:

- Been on any competition grounds that have or had an active EHV-1 or EHM positive case within the last (14) days.....
- Been on the grounds of, or at a private facility, barn, stable, or veterinary clinic that has or had an active EHV-1 or EHM positive case within the last (14) days.....
- Been in contact with a horse that has tested positive for EHV-1 or EHM within the last 14 days.....

Have:

- Maintained a twice daily temperature log that is available for review by competition management or Steward/TD.....

Veterinarian: _____

Veterinarian Email: _____

Veterinarian Phone: _____

Horses: (Name and USEF ID Required)

_____	_____
_____	_____
_____	_____

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

(Signature)

(Date)

Name _____ Email _____