

2018 HMI/SHP SHOW SERIES EVENT PARTICIPATION DECLARATION FORM

Upon arrival to Sonoma Horse Park, I hereby certify the following:

Trainer's Name	Home Phone
Arrival Date	Cell Phone
Email Address	Fax

If person completing form is different from Trainer named above, please complete the Agent information below.

Agent's Name	Home Phone
Email Address	Cell Phone

ALL HORSES, SHOWING OR NON-SHOWING, MUST BE LISTED BELOW

HORSES IN SHIPMENT		DATE OF ARRIVAL						NON
HORSE NAME (USE SHOW NAME)	OWNER NAME	COLOR	SEX	HEIGHT	AGE	SHOWING	SHOWING	

Attach additional pages if necessary

Stabled on SHP property? _____ Ship-In? _____

Location: _____

Origination Information

Address from which horses were moved to event:

Farm Name	Contact Name
Address	Phone
City	State Zip
Attending Veterinarian	Phone

HORSE HEALTH DECLARATION

I declare that the horse(s) named above have been in good health, with body temperature below 102°F, eating normally and have shown no signs of infectious disease for the three (3) days preceding arrival at this event.

By signing below I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

Signature	Date
Print Name	