

2016 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 _____

HORSE NAME (USE SHOW NAME)	OWNER NAME	COLOR	SEX	HEIGHT	AGE	SHOWING	NON 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 _____