



# Animal Health Participation Declaration

ONE TRAILER PER DECLARATION FORM

**BRING THIS FORM WITH YOU, DO NOT SEND EARLY**

**Contact Information:**

Responsible Party (person in charge of animal(s) at the event): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Division Entered: \_\_\_\_\_

**Animals in Shipment:**

Name (Registered) of Animal	Owner Name	Breed	Age	Sex	Color

**Origination Information** (address from which the animal(s) was moved to the event):

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Return Information** (address to which the animal(s) will move after the event):

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Animal Health Declaration:**

I, \_\_\_\_\_ declare that the animal(s) named above has/have been in good health, with body temperature(s) below 102°F, eating normally and has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_