

2018 VERMONT SUMMER FESTIVAL VACCINATION DECLARATION

Trainer's Name _____

Cell Phone _____

All Horses (Showing or Non-Showing) Must be listed below.

Horses in Shipment _____ Date of Arrival ____/____/18

Horse Show Name	Owner Name		

Vaccination Declaration

I declare that the horse(s) named above are up to date on all recommended vaccines.

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 listed above.

Week 1 Signature _____	Print Name _____	Date ____/____/18
Week 2 Signature _____	Print Name _____	Date ____/____/18
Week 3 Signature _____	Print Name _____	Date ____/____/18
Week 4 Signature _____	Print Name _____	Date ____/____/18
Week 5 Signature _____	Print Name _____	Date ____/____/18
Week 6 Signature _____	Print Name _____	Date ____/____/18

Attending Veterinarian _____ **Phone** _____