2019 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 ___/___/19

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 ___/___/19

Week 2
Signature_____ Print Name_____ Date ___/___/19

Week 3
Signature_____ Print Name_____ Date ___/___/19

Week 4
Signature_____ Print Name_____ Date ___/___/19

Week 5
Signature_____ Print Name_____ Date ___/___/19

Week 6
Signature_____ Print Name_____ Date ___/___/19

Attending Veterinarian_____ **Phone**_____