

Birchtown 2018 - Event Participation Declaration Form

Upon arrival to Birchtown Stables, Inc. , I hereby certify the following:

Trainer's Name _____ Home Phone _____

Arrival Date _____ Cell Phone _____

Email Address _____ Facsimile _____

If Person Completing Form Is Different From Trainer Named Above, Please Complete The Agent Information Below:

Agent _____ Agent Phone _____

Agent Email _____ Agent Cell _____

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 at Birchtown? Ship-In?

Location: _____

Origination Information

Address from which horse(s) were moved to the 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 _____

All horses (competing or not) that enter the grounds must present this Event Participation Declaration Form to the show office.