Trainer's Name  Arrival Date  E-Mail Address		Home Phone						
		Cell Phone						
If Person Completing Form Is Different								
Agent	Agent Phone							
Agent E-Mail	Agent Cell	Agent Cell						
All Horses, Showing or N	on-Showing, Must b	e listed below.						
Horses in Shipment			Dat	te of Arri	val	_/	_/	
ne (use Show Name)	Owner	Name	Color	Sex	Height	Age	Showing	
Attach additional pages if necessary				1				
Origination Information								
Address from which horse(s) were m	noved to the event:							
Farm Name		Contact Name	Contact Name					
Address		Phone						
City		State	State Zip					
Attending Veterinarian		Phone	Phone					
Havaa Haalib Daalavatian								
Horse Health Declaration I declare that the horse(s) named ab	oove have been in good healt	th, with body temperat	ture below 1	102°F, eatir	ng normally	and have	shown no	
signs of infactious disease for the thi	ree (3) days preceding arriva	I at this event. By sig	ning below	I affirm tha	t I have the	authority	to sign on	
behalf of the Trainer and/or Agent lis	sted above.							