

Parade of Breeds

In Memory of Jeanette Zangerle
Monday, August 4th - Not Before 6PM



The Zangerle family is so happy and honored to present this year's Parade of Breed's Champion. This is the second year that the Jeannette Zangerle Memorial trophy is awarded. Jeannette was an avid supporter of the Sussex County Farm and Horse Show, going all the way back to its earliest years in Branchville. She could always be found in the family's front row box seats, cheering on her favorites in every class, and then reading the newspaper in between. Her son Brian will be presenting the Championship Trophy and class ribbons as her husband Charlie watches from her favorite place, the box seats.



Organized by Marian Smith, SCHS Committee Member





Jeannette Rae (Rutan) Zangerle
October 4, 1937 – January 5, 2024

Jeannette Zangerle Memorial Parade of Breeds Exhibition

Monday, August 4, 2025
Main Ring – Not Before 6:00 PM



BACK #

No Class Fee – Money and Ribbons Awarded!!

Check in is at 5:00 PM at the Horse Show Pavilion with Marian Smith

Must Complete Release, SCHS Health Form & Present Health Documentation

The health declaration form is to be filled out the day of the event. The form is available online and in the office.

Entries Due July 21, 2025

Please send to msmith@ncboe.org or 973-945-3584

SCHS Parade of Breeds, c/o Marian Smith, 111 Mackerly Rd. Newton, NJ 07860.

Horse Name _____

Riders Name _____

Owners Name _____

Breed of Horse _____ **Age of Horse** _____

Rider Address _____

Rider Phone _____ **Rider Email** _____

Owner Address _____

Owner Phone _____ **Owner Email** _____

Please describe in 2-3 sentences the information about your horse and your exhibition.

(use the back if necessary)

All horses entering the show grounds must be accompanied by a negative EIA certificate (Coggins) within one year and documentation of Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis) vaccinations within 6 months and you must fill out our health declaration form. Health Certificates (within 30 days) are required for all out of state horses. These documents must be available for inspection by a representative of the State Veterinarian upon request. Horses not in compliance with this rule may be required to leave the competition grounds upon request by Competition Management.



2025 Release Form

Waiver: The undersigned releases the lessors of the property on which the equine event is being held & SCHS as the sponsor of the event from any liabilities resulting from injuries, illness or damages incurred to person, animal or property by the undersigned, by members of his/her family, or by any other spectator, participant, or animal while attending this event. Also, SCHS will not be liable for any damage to or failure of equipment while at this event. I, the undersigned, concur that equine animal activities involve risks that are essentially impractical or impossible for SCHS to prevent or eliminate; and that those inherent risks of an equine activity, must be borne by those who engage in those equine activities. This signed class entry form will be retained by SCHS and made a part of the event's entry records. This signed waiver applies to all phases of this event.

Printed Name_____ **Signature of Rider (mandatory)**_____

Signature of Parent or Guardian (required if rider is a minor)_____

Date_____



2025 EQUINE HEALTH DECLARATION FORM

**THIS FORM MUST ACCOMPANY ALL HORSES SHIPPING IN TO THE SUSSEX HORSE SHOW GROUNDS NO
EXCEPTIONS WILL BE MADE**

By signing this form, I, _____ (your name here) hereby certify that each horse attending the show/event has had the Flu/Rhino Vaccine within the last 6 months and has a current negative coggins, 1 year. I can provide proof of these records. I also certify that none of the horses in my care have shown any signs of illness and have a normal temperature within the last 72 hours.

I acknowledge that in participating in this equestrian event there is possible risk of exposure to equine illness. We agree to participate at our own risk.

The horses are listed below:

Please List Horses Below:

Print Name _____

Barn Name/Trainer _____

Address _____

Phone Number _____

Signature _____ Date _____

Please use one form per barn/trainer.