



**2024 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. I can provide proof of these records. I also certify that none of the horses in my care have showed any signs of illness and have a normal temperature. The horses are listed below:

**Please List Horses Below:**

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Print Name \_\_\_\_\_

Barn Name/Trainer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please use one form per barn/trainer.**