



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. 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.