



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 showed any signs of illness and have a normal temperature. 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.