
Horse Event Participation Declaration

Land Rover Kentucky Three-Day Event CCI5*-L and CCI4*-S
April 21-25, 2021

Contact Person:

Name of Person in Charge of Horse(s) at the Event: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Truck License Plate #: _____

Horses in Shipment

Name of Horse	Breed	Age	Sex	Identification (Color, Markings, Brand Tattoo, Microchip number)	Stall Location (OFFICE)

Address of property from which the horse was moved to the event:

Address of property to which the horse will move after the event: *(If different from above.)*

Alternate Contact Information (For other individuals affiliated with named horses)

Name _____ Cell Phone # _____

Name _____ Cell Phone # _____

Horse Health Declaration

I, _____ declare that the horse(s) named above has/have been in good health, with body temperature(s) at rest that are below 101.5°F, eating normally and has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event.

Signature _____

Date _____

(Complete a separate form for different owners.)

For office Use only:

Date and Time of Arrival _____

Date and Time of Departure _____

Event Official Initials _____

Event Official Initials _____