



USEF Competition Vesicular Stomatitis Declaration Form

I, _____, as the owner/trainer/agent, declare that my horse(s) that arrived at _____ Competition on _____.

Have NOT:

- Been on any premises that has had a suspect or confirmed case of Vesicular Stomatitis within the last 14 days.....
- Been in contact with any horse(s) that has tested positive for Vesicular Stomatitis within the last 14 days.....

Have

- Been observed for the last five days and have had no signs of vesicular lesions.....
- Maintained a twice daily temperature record with all temperatures below 101.5F for the last five days.....

Veterinarian Name _____

Veterinarian Email _____

Veterinarian Phone _____

Horses (Name and USEF ID Required)

_____	_____
_____	_____
_____	_____

Trainer/Owner/Agent Responsible for the truthfulness and accuracy of
aforementioned information _____

(Signature)

(Date)

Printed Name _____ Email _____

