



BROOKSIDE
SHOW STABLE
BIO SECURITY FORM

HORSE'S NAME on ENTRY: _____

OWNER NAME: _____

TRAINER/RESPONSIBLE PERSON: _____

NEGATIVE COGGINS TEST REPORT - within one year of first day of show

HORSE HEALTH DECLARATION

I declare that the horse named above is in good health, with body temperature below 102°F, is eating normally and has shown no signs of infectious disease for the three (3) days preceding arrival at this event. I further declare that my horse has not been stabled with or been in contact with any horse showing any signs of contagious infection or illness for 21 days prior to this event. By signing below I affirm that I am the owner of the horse presented here, and/or I have the authority to sign on behalf of the owner.

Signature _____ Today's Date ____ / ____ / ____

Print Name _____ Contact phone: _____

OFFICE USE

___ Coggins

___ Health Declaration signature

Initialed: ___