# Pickett Equine Center Event Participation Declaration

Event Name: ________________________________

Event Location: ________________________________

Event Date(s): ________________________________

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

<table>
<thead>
<tr>
<th>Name of Horse</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
<th>Identification (Color, Markings, Brand)</th>
<th>Stall Location</th>
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Address of property from which the horse/s 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) below 102°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: ________________________________ Event Official Initials: ________
Date and Time of Departure: ________________________________ Event Official Initials: ________