

CSU Equine Teaching and Research Center Student Participation Declaration

Club or Activity Name: _____

Semester: _____ **Activity Location:** _____

Practice or Activity Day/s, Time/s (if reoccurring): _____

Practice or Activity Date/s (if single practice or activity) _____

Contact Person:

Name of Person in Charge of Horse(s): _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Truck License Plate #: _____

Horse(s) Being Used

| Name of Horse | Breed | Age | Sex | Identification (Color, Markings, Brand) |
|---------------|-------|-----|-----|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Address of property from which the horse was moved to the Equine Center:

Address of property to which the horse will move after the Equine Center: *(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, eating normally and has/have not shown signs of infectious disease for the seven (7) days preceding arrival to the Equine Center. I also declare that I have read and will abide by the **Health Requirements for Horses Arriving or Housed at the Pickett Equine Center** including the required vaccination protocol. Furthermore, I declare by my signature that I will abide by the above requirements for the entire semester listed above.

Signature _____

Date _____

(Complete a separate form for different owners.)