



Wellington International & Equestrian Sport Productions, LLC

Wellington, Florida 33414

Phone: (561) 793-5867



Statement of Health

The following requirements and recommendations have been drafted by the management of this horse show series in consultation with our show veterinarian and the Florida State Division of Animal Industry.

All horses stabling or competing on the Wellington International Show Grounds and Equestrian Village (a/k/a Global) must be accompanied by a Statement of Health. The Statement of Health must be signed by a licensed veterinarian within 7 days of arrival at the show grounds.

The following horses meet the following health requirements:

1. All horses are in compliance with vaccination requirements of USEF GR 844 and been enrolled in a regular and consistent program of vaccination against EHV-4/1 with the most recent booster being within 180 days.
2. All horses have had temperature taken twice daily for the preceding 3 days and all temperatures were below 101.5 degrees Fahrenheit.
3. All horses have had no observable clinical signs of ill health such as nasal discharge, abnormal feces, abnormal gate or change in feed or water consumption.
4. All horses more than 7 months of age have documented evidence of Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis) vaccinations within 6 months prior to the date of entering the competition stables.
5. Have NOT shown symptoms of or been treated for EHV- 4/1 within the past 28 days OR if the horse has tested positive for EHV-1 in the last 28 days it has subsequently had two negative EHV-1 PCR nasal swab tests 7 days apart in the prior 28 days.
6. Have NOT been exposed to any horses that have been treated for or show symptoms of EHV 1/4 within the past 28 days.
7. Horses have NOT been on any premises that have a suspected or confirmed case of Vesicular Stomatitis in the prior 14 days.
8. Horses have NOT been in a Vesicular Stomatitis Affected County within the las 14 days. (If so, notify competition manager as horses on the shipment must follow USEF VS Protocols)
9. Does NOT originate from a premises under quarantine for an equine infectious disease.

Horse (USEF ID REQUIRED)	Temperature	Date Of Vaccine	Name Of Vaccine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare that the horse(s) named above have been in good health, with a body temperature below 101.5 Degrees Fahrenheit, eating normally, and have shown no signs of infectious disease for the three (3) days preceding arrival at these grounds. I declare that I have read the Wellington International Biosecurity Protocols. I understand my horses must always be in compliance with the current protocols as updated on the website and agree to follow all monitoring requirements and Biosecurity recommendations and requirements. By signing below, I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

Vet (Print): _____

Vet Phone Number: _____

Vet (Signature): _____

Date of Arrival: _____

Trainer, Owner or Owners Authorized Agent (Print) _____ Trainer (Signature) _____

Owner or Authorized agent (Print) _____ Owner or Owners Authorized Agent (Signature) _____

Phone: _____

Email: _____

**** See back side for additional horses ****

