



# 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:

1. 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. Have not shown symptoms of or been treated for EHV- 4/1 within the past 28 days.
3. Have not been exposed to any horses that have been treated for or show symptoms of EHV 1/4 within the past 28 days.

Name Of Horse	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 102 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 (Print) \_\_\_\_\_

Owner or Owners Authorized Agent (Print) \_\_\_\_\_

Trainer (Signature) \_\_\_\_\_

Owner or Owners Authorized Agent (Signature) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please be mindful of routine bio-security measures to prevent any potential spread of contagious diseases. Avoid nose to nose contact between horses from different stables. Avoid shared or communal water buckets. Please feel free to contact our show veterinarian with any questions.*

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

