



## **2013 CHSA FINALS - Statement Of Health**

### **EQUINE HEALTH REQUIREMENT FOR ADMITTANCE TO THE CHSA FINALS**

For all horses on the grounds of the CHSA Finals from August 23-25, 2013, this "Statement of Health" must be signed by a licensed veterinarian and dated on July 29th, 2013 or later. Bring three copies of the statement with you as it must be provided to the CHSA Secretary before we can give you your exhibitor number. Be sure to keep one of the copies in your truck or trailer for Statement of Health checks at the gate to the CHSA Finals/Fox Crossing grounds.

- A "Statement of Health" must be signed by a Licensed Veterinarian and dated on July 29th, 2013 or later.
- Been enrolled in a regular and consistent program of vaccination against EHV-4/1 with the most recent booster being within 120 days of the event.
- Have not shown symptoms of or been treated for EHV 4/1 within the past 28 days.
- Have not been exposed to any horses or ponies that have been treated for or shown symptoms of EHV 4/1 within the past 28 days..
- Has a negative Coggins within one year.
- Have a rabies vaccination within one year.

**THIS IS TO CERTIFY THAT THE FOLLOWING HORSE/HORSES HAVE BEEN VACCINATED FOR EHV 4/1 WITHIN THE PAST 120 DAYS & HAVE A NEGATIVE COGGINS WITHIN ONE YEAR.**

| #   | Horse/Pony Name | Owner Name | Date & Type of Vaccination |
|-----|-----------------|------------|----------------------------|
| 1.  |                 |            |                            |
| 2.  |                 |            |                            |
| 3.  |                 |            |                            |
| 4.  |                 |            |                            |
| 5.  |                 |            |                            |
| 6.  |                 |            |                            |
| 7.  |                 |            |                            |
| 8.  |                 |            |                            |
| 9.  |                 |            |                            |
| 10. |                 |            |                            |

VETERINARIAN SIGNATURE \_\_\_\_\_

VETERINARIAN NAME/PRACTICE \_\_\_\_\_

DATE \_\_\_\_\_ VETERINARIAN LICENSE # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_