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# Event Participation Declaration

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Event Name: CSU SCAAEP Castration Clinic \_\_\_\_\_

Event Location: The Ranch Events Complex-Indoor Warm up Arena \_\_\_\_\_

Event Date(s): April 10, 2021 \_\_\_\_\_

**Contact Person:**

Name of Person in Charge of Horse(s) at the Event: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

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## Horses in Shipment

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

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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.)*

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For office Use only: Date and Time  
of Arrival  
Date and Time of Departure

Event Official Initials \_\_\_\_\_  
Event Official Initials \_\_\_\_\_