



## USEF Competition Vesicular Stomatitis Declaration Form

I, \_\_\_\_\_, as the owner/trainer/agent, declare that my horse(s) that arrived at \_\_\_\_\_ Competition on \_\_\_\_\_.

**Have NOT:**

- Been on any premises that has had a suspect or confirmed case of Vesicular Stomatitis within the last 14 days.....
- Been in contact with any horse(s) that has tested positive for Vesicular Stomatitis within the last 14 days.....
- Been in a Vesicular Stomatitis Affected state within the last 14 days. ....

Veterinarian Name

Veterinarian Email

Veterinarian Phone

Horses (Name and USEF ID Required)

_____	_____
_____	_____
_____	_____

Trainer/Owner/Agent Responsible for the truthfulness and accuracy of  
aforementioned information \_\_\_\_\_

(Signature)

(Date)

Printed Name \_\_\_\_\_ Email \_\_\_\_\_

