

2026 VIRGINIA HORSE CENTER | EVENT PARTICIPATION DECLARATION FORM

Upon arrival to the Virginia Horse Center, I hereby certify the following: _____

Trainer's Name _____

Home Phone _____

Arrival Date _____

Cell Phone _____

Email Address _____

Facsimile _____

If Person Completing Form Is Different From Trainer Named Above, Please Complete The Agent Information Below:

Agent _____

Agent Phone _____

Agent Email _____

Agent Cell _____

All Horses, Showing or Non-Showing, must be listed below, or on separate attached sheet.

Horses in Shipment

Date of Arrival ____ / ____ / ____

Horse Name (use Show Name)	Owner Name	Color	Sex	Height	Age	Showing	Non Showing

Attach additional pages if necessary

Stabled on VHC property? Ship-In?

Location: _____

Origination Information

Address from which horse(s) were moved to the event:

Farm Name _____

Contact Name _____

Address _____

Phone _____

City _____

State _____ Zip _____

Attending Veterinarian _____

Phone _____

Horse Health Declaration

I declare that the horse(s) named above have been in good health, with body temperature below 101.5°F, eating normally and have shown no signs of infectious disease for the three (3) days preceding arrival at this event. By signing below I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

Signature _____

Date ____ / ____ / ____

Print Name _____