

## 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

**Origination Information**

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

Farm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Attending Veterinarian \_\_\_\_\_

Stabled on VHC property?  Ship-In?

Location: \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_