

EQUINE COMMUNICABLE DISEASE EXPOSURE WAIVER

____ By signing this waiver I acknowledge that my horse has not been exposed recently to communicable equine diseases to my knowledge. Specifically I have not been at a farm or show grounds where known cases of equine influenza or EHV were documented within the last 21 days.

____ I have monitored my horse's temperature and it has been 101.5F or below within the three days prior to facility entrance.

____ I understand that best veterinary practices suggest daily monitoring of temperature while at the facility. I will report a temperature of 101.5F or greater to facilitate biosecurity.

____ I have read and understand basic biosecurity requests.

____ I agree to notify facility if my horse developed a communicable illness within 7 days of being at the facility.

PRINT PLEASE LEGIBLY

HORSE _____

RIDER _____ PHONE # _____

OWNER _____ DATE _____

Names entered electronically constitute a valid signature
Initial each section please