

EHV declaration form for NSEA competitions

This form must be emailed to the show secretary 24hours before the competition in order for a rider to compete

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|---|--|-------------------------------|--|
| DATE | | | |
| Horse name: | | | |
| UELN number: | | Microchip number: | |
| Rider name: | | | |
| Owner name: | | | |
| NSEA Show/venue attending: | | Date of show/activity: | |
| Please confirm your horse currently shows none of the clinical signs listed: | <ul style="list-style-type: none"> ● recent cough of unknown cause ● recent nasal discharge of unknown cause ● enlarged lymph nodes ● fever (>38.5°C) ● recent onset of neurological signs of unknown cause ● diarrhoea | | |
| Please confirm the following statements: | <p>The abovementioned horse:</p> <ul style="list-style-type: none"> ● is not under current investigation for EHV infection. ● has not been in contact with and is not kept on the same premises as a horse known to have or be under investigation for EHV. ● has been resident in the UK for the last 28 days. | | |
| Please agree to the following statement: | <p>The horse named above will have its temperature taken prior to travel and will not travel should the temperature reading be >38.5°C.</p> | | |
| Declaration: | <p align="center"><i>To the best of my knowledge, I confirm and agree to all the statements outlined above. I confirm that I am over 18 years of age.</i></p> | | |
| Signed: | | | |
| Print name: | | | |
| Role: (rider/owner/administrator) | | | |
| Date: | | | |