



Equine Exhibitor's Self Certification of Animal Health

I, the undersigned, hereby verify the following:

(Parent or guardian must sign for children under age 18)

1. I am the **owner/authorized caretaker/transporter** (*circle as applicable*) of the equine identified on the current, valid, "Equine Infectious Anemia" (Coggins) document.
2. I understand that any equine showing any signs of or having recent exposure to, contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:
 - SKIN: Visible evidence of skin infections (*bacterial or fungal*) with particular emphasis on *ringworm*.
 - HEAD: Discharge from the eyes or nose which is excessive in amount or opaque (yellow or white in color) as opposed to the normal clear nasal discharge commonly seen after exercise.
 - RESPIRATORY: Signs of infectious respiratory disease such as fever, coughing, labored breathing, increased respiratory rate and nasal discharge. Animals originating from premises where there is current infectious respiratory disease and animals with any known exposure to infectious respiratory disease shall be ineligible to show for a minimum of 21 days after exposure. Infectious respiratory disease shall include but not be limited to *Influenza, Rhinopneumonitis, and Strangles*.
 - INTESTINAL: Evidence of diarrhea which is watery and/or persistent in nature and more profuse than a looser stool which could be attributed to diet or nervousness.
 - FEET: Horses exhibiting any type of unsoundness are already excluded from showing by the rules governing horse for shows.
 - OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude equine from exhibition.
3. I have read and understand the above guidelines.
4. I have visually examined the equine I am presenting for exhibit.
5. I agree not to present for exhibition any equine showing any signs of contagious or infectious disease, or having any known recent (21 days) exposure to any contagious or infectious disease.

Date of inspection: _____ Number inspected _____ Signature _____
 Printed Name _____ Event _____
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