



2019 CAPITAL CHALLENGE BIOSECURITY FORM

The Capital Challenge Horse Show requires that all horses brought onto the grounds be accompanied by the following:

1) A STATEMENT OF HEALTH consisting of **either:**

The vaccination statement below
 OR a vaccination statement on your veterinarian's letterhead.
 These must be signed no earlier than September 7, 2019.

2) A TEMPERATURE LOG – FOR 7 DAYS PRIOR TO ARRIVAL.

MUST BE PRESENTED BEFORE HORSE WILL BE ALLOWED TO ENTER A STALL.

3) A VALID COGGINS TEST must be presented to the show office to pick up number.

Questions:

301-260-2467
 before 9/24/19

OR

301-952-7944
 after 9/24/19

I have examined the following horses trained by: _____

Horse:	Owner:	Vaccine Name:	Date of Vaccine:
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____

- 1) The horses listed above have been enrolled in a consistent vaccination program against EIV and EHV1,4. The most recent booster occurred April 7, 2019 or after.
- 2) The horses listed above have not shown symptoms, been treated for or been exposed to any horses showing symptoms of EIV or EHV 1,4 in the past 28 days.

Please contact me if you have any questions regarding the above referenced horses.

 Veterinarian Printed Name

 Veterinarian Signature

 Date

Office Use Only:

Vaccine Statement: _____ Temperature Log: _____



2019 BIO SECURITY FORM TEMPERATURE LOG

Horse Name	DATE	DATE	DATE	DATE	DATE	DATE	DATE
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

The above horse had rectal temperature taken and recorded 2x daily for 7 days and has not had a temperature greater than 101.50F.

PRINT NAME

SIGN NAME

Name & Signature of person responsible for temperature log