

Name of Horse:

## DEVON FALL CLASSIC Bio Security Form

## All horses must be accompanied by the following:

- 1. A STATEMENT OF HEALTH consisting of either an Interstate Health Certificate or CVI (Certificate of Veterinary Inspection found below).
- 2. A VALID COGGINS CERTIFICATE issued within 1 year prior to start of show must be presented at the show office in order to pickup numbers.

## CERTIFICATE OF VETERINARY INSPECTION

One form per horse to be completed by veterinarian

| Nam               | e of Owner:  |                         |  |
|-------------------|--|-------------------------|--|
|                   | DATE AND NAME (  | OF RECENT VACCCINATIONS |  |
| Date for EHV-1/4: |  | _ Vaccine Name:         |  |
| Date for EIV:     |  | Vaccine Name:           |  |
| 1.                | The horse named above has been enrolled in a regular and consistent program of vaccination against EHV-1/4 and EIV with the most recent booster being administered within six months prior to start of show. |                         |  |
| 2.                | Has not shown any symptoms of, or been treated for, EHV-1/4 and EIV within the past 28 days.   |                         |  |
| 3.                | Has not been exposed to any horses that have shown any symptoms of or been trested for, EHV-1/4 and EIV within the past 28 days.   |                         |  |
| Veterinarian:     |  | Date:                   |  |
|                   | (please p  | orint)                  |  |
| Vete              | rinarian Signature:  |                         |  |
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