## 2018 VERMONT SUMMER FESTIVAL VACCINATION DECLARATION

Trainer's Name			
Cell Phone			
All Horses (Showing or Non-Sh	nowing) Must be listed below	N.	
Horses in Shipment		Date of Arrival	/18
Horse Show Name	Owner Name		
Vaccination Declaration			
I declare that the horse(s) named abo	ve are up to date on all recomme	nded vaccines.	
Horse Health Declaration	·		
Tiorde Freditti Deolaration			
I declare that the horse(s) named a	hove have been in good health	with hady temp	erature helow
102°F, eating normally and have s	_		
	•		` '
preceding arrival at this event. By sig the Trainer listed above.	ning below i animi maci nave me	authority to sig	n on benan or
the trainer listed above.			
Week 1			
Signature	Print Name	Da	te//1
Week 2	<del></del>		
Signature	Print Name	Da	te/ <b></b> _/ <b>1</b>
Week 3			
Signature	Print Name	Da	te/ <b></b> /1
Week 4	Drine Nove -	2	to 1 1-
Signature Week 5	Print Name	Da	te// <b>1</b>
Signature	Print Name	Da	te//1
Week 6			
Signature	Print Name	Da	te/ <b></b> / <b>1</b>
<u> </u>			

Phone\_

Attending Veterinarian\_