



Fox Lea Farm Inc.  
800 N. Auburn Rd.  
Venice, Florida 34292  
Phone: (941) 809-6365  
Foxleafarm3@aol.com

### Fox Lea Farm Trainer/Owner Health Declaration

The following requirements and recommendations have been drafted by the management of this horse show series in consultation with our show veterinarian.

All horses stabling or competing on the Fox Lea Farm Show Grounds must be accompanied by a Statement of Health. The Statement of Health must be signed by a licensed veterinarian within 7 days of arrival at the Fox Lea Farm Show Grounds.

The following horses meet the following health requirements:

1. All horses are in compliance with vaccination requirements of USEF GR 844 and been enrolled in a regular and consistent program of vaccination against EHV-4/1 with the most recent booster being within 180 days.
2. All horses have had temperature taken twice daily for the preceding 3 days and all temperatures were below 101.5 degrees Fahrenheit.
3. All horses have had no observable clinical signs of ill health such as nasal discharge, abnormal feces, abnormal gate or change in feed or water consumption.
4. All horses more than 7 months of age have documented evidence of Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis) vaccinations within 6 months prior to the date of entering the competition stables.
5. Have NOT shown symptoms of or been treated for EHV- 4/1 within the past 28 days OR if the horse has tested positive for EHV-1 in the last 28 days it has subsequently had two negative EHV-1 PCR nasal swab tests 7 days apart in the prior 28 days.
6. Have NOT been exposed to any horses that have been treated for or show symptoms of EHV 1/4 within the past 28 days.
7. Horses have NOT been on any premises that have a suspected or confirmed case of Vesicular Stomatitis in the prior 14 days.
8. Horses have NOT been in a Vesicular Stomatitis Affected County within the las 14 days. (If so, notify competition manager as horses on the shipment must follow USEF VS Protocols)
9. Does NOT originate from a premises under quarantine for an equine infectious disease.

Name Of Horse	Temperature	Date Of Vaccine	Name Of Vaccine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare that the horse(s) named above or on the paperwork provided for the trainer's file have been in good health, with a body temperature below 102 Degrees Fahrenheit, eating normally, and have shown no signs of infectious disease for the three (3) days preceding the arrival at these grounds. I declare that I have read the Fox Lea Farm Biosecurity Protocols. I understand my horses must always be in compliance with the current Fox Lea Farm/VET 2025 protocols as updated on the website and agree to follow all monitoring requirements and Biosecurity recommendations and requirements. By signing below, I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

Trainer (Print) \_\_\_\_\_

Owner or Owners Authorized Agent (Print) \_\_\_\_\_

Trainer (Signature) \_\_\_\_\_

Owner or Owners Authorized Agent (Signature) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please be mindful of routine bio-security measures to prevent any potential spread of contagious diseases. Avoid nose to nose contact between horses from different stables. Avoid shared or communal water buckets. Please feel free to contact our show veterinarian with any questions.