

INBOUND HORSE DECLARATION

Entire Form **MUST** be Filled out **COMPLETELY**
and **LEGIBLY** or **ENTRY** will be Denied

Trainer: _____
 Farm/Track of Origin: _____
 Address: _____

Hauler(Print): _____
 Signature: _____
 Trailer#: _____ MNR Barn: _____ Stall #s: _____

HORSES in SHIPMENT

Trainer Section:					
	Name of Horse	AM Temp	Sex	Color	Coggins Date
1					
2					
3					
4					
5					
6					

Official Use Section ONLY:				
Health Cert	Visual Exam	PCR	Temp	Initial
Chip: _____				
Chip: _____				
Chip: _____				
Chip: _____				
Chip: _____				

Horse Health Declaration:
 I (print name) _____ declare that the Horse(s) named above has/have been in good health, with body temperatures below 102 degrees for the previous 5 days, eating normally and has/have not shown signs of infectious disease for the 30 days preceding arrival at Mountaineer Racetrack Stable Gate.

Signature: _____ Date: _____

Guard signature: _____

ARRIVAL	Date: _____	Time: _____
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Guard signature: _____

DEPARTURE	Date: _____	Time: _____
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Mountaineer Racetrack

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