



# Fallbrook Riders Event Participation Declaration

Fallbrook Riders, Inc.  
P.O. Box 1063  
Fallbrook, CA 92088  
760-689-2044  
[fallbrookriders92028@gmail.com](mailto:fallbrookriders92028@gmail.com)

Event:  Jumper Schooling  Dressage Show  Other \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Contact Person (Print Name of Person in Charge of Horse at the Event):

\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Color, Markings: \_\_\_\_\_

Attach vet proof of Flu/Rhino vaccine or, if home administered, complete the following: I, (print name) \_\_\_\_\_ personally administered Flu/Rhino vaccine to the above named horse.

Date: \_\_\_\_\_ Brand and batch # if available: \_\_\_\_\_

Signature \_\_\_\_\_

I, (print name) \_\_\_\_\_ declare that the above named horse has been in good health, with rectal temperature below 102°F, eating normally and has not shown signs of infectious disease for the three (3) days preceding arrival at this event. I also declare that this horse has not had contact with any ill horses during the past 21 days.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FRF staff to complete:  Vaccination verified      Corral assignment \_\_\_\_\_

FRF staff signature: \_\_\_\_\_