Trainer Equine Health Verification



Trainer	Contact #		
Requested Arrival Date	Location	Stable	Ship-In
Current Stable Name	Address		
Screening Questions (ple	ase check yes or no)	Yes	No
	re to a horse with clinical signs of Strangles OR a streptococcus equi (the cause of Strangles) within d below?	(If yes please provide details i back of form)	ncluding date on
Has the horse(s) listed below receive (If yes please provide details including date on			
Is the horse(s) listed below experienc	cing any clinical symptoms of Strangles? Nasal Discharge / Enlarged lymph nodes Fever /Temperature above 38.4 F Other Symptoms (Please list details)	:	
Horse	ID#		_
Horse	ID#		_
Horse	ID#		_
Horse(If you have more horses to list, please use ba	ID #		_
	es identified above, I declare the information prorue to date, to the best of my knowledge.	ovided on this <i>Trainer Equine Heal</i>	lth
Trainer Signature		Date	
Red Shores Representative Signature		Date	
Red Shores Annroval Date	Trair	ner Notified Date	