

# Off Island Trainer Health Form



Trainer \_\_\_\_\_

Contact # \_\_\_\_\_

Requested Arrival Date \_\_\_\_\_

Purpose                      Stable                      Ship-In

Current Stable Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Horse \_\_\_\_\_

ID # \_\_\_\_\_

Horse \_\_\_\_\_

ID # \_\_\_\_\_

Horse \_\_\_\_\_

ID # \_\_\_\_\_

Horse \_\_\_\_\_

ID # \_\_\_\_\_

**Screening Questions**      (please check yes or no)

Has the above identified horse(s) been diagnosed with Strangles or had a positive culture for Streptococcus equi subsp. equi (S. equi), in the last three (3) months?

Yes

No

*(If yes please provide details including date on back of form)*

Has the above identified horse(s) been on a farm where another horse was diagnosed with Strangles, suspected of having the disease, or has cultured positive for S. equi in the last three (3) months?

*(If yes please provide details including date on back of form)*

Has the above identified horse(s) had any two (2) of the following symptoms – fever, nasal discharge, or swollen lymph nodes in the head and neck region in the last three (3) months?

*(If yes please provide details including date on back of form)*

As the listed trainer for the horse identified above, I declare the information provided on this **Off Island Trainer Health Form** to be accurate and true to the best of knowledge.

**MUST BE SUBMITTED MINIMUM 24 HRS PRIOR TO DECLARATION**

Trainer Signature \_\_\_\_\_

Date \_\_\_\_\_

Red Shores Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval Date \_\_\_\_\_