

2024 OTTAWA EQUESTRIAN TOURNAMENTS CONTACT TRACING DECLARATION

Upon arrival to Wesley Clover Parks, I hereby certify the following:

Trainer's Name _____ Home Phone _____

Arrival Date _____ Cell Phone _____

Email Address _____

If Person Completing Form is Different From Trainer Named Above, Please Complete The Agent Information Below:

Agent's Name _____ Agent's Phone _____

Agent's Email _____ Agent's Cell _____

All Horses, Showing or Non-Showing, must be listed below. Date of Arrival _____

Horse Name (Show Name)	Owner Name	Colour	Sex	Height	Age	Showing	Non Showing

Attach additional pages if necessary

Origination Information: (Address from which horse(s) were moved to the event)

Farm Name _____

Address _____ Contact Name _____

City _____ Province, Postal Code _____

Attending Veterinarian (include Phone Number) _____

Has your horse been to another competition venue in the past two weeks? If yes, where? _____

Stabled on WCP Property?

Ship in?

Horse Health Declaration

I declare that the horse(s) named above have been in good health, with body temperature below 39 degrees celcius, eating normally and have shown no signs of infectious disease for the 3 days preceding arrival at this event. By signing below I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

Signature _____ Print Name _____

Date _____

