BEST Horse Shows Biosecurity Self Certification Form

I certify that the horses listed below have:

- Received regular and consistent vaccination against Equine Influenza and EHV-1/4 with most recent booster being within 180 days *(as per USEF GR 845).*
- Not shown symptoms of or been treated for EHV-1/4 within the past 21 days.
- Not been at a facility under quarantine for EHV-1/4 or exposed to any horses showing symptoms of EHV-1/4 within the past 21 days.
- Not had a temperature of over 101.5 degrees Fahrenheit or any signs of respiratory or neurological disease within the last 21 days.
- Current negative Coggins documentation.

Horse's Show Name(s):

_____ _____

_____ _____

_____ _____

_____ _____

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_____ _____

_____ _____

Signature Printed Name

I am a(n) (circle all that apply) of these horses: _____/_____/_____

Horse Owner Farm Owner Trainer Transporter Date