



Health Declaration Form Equine Influenza

Name of horse: _____

Temperature

This horse's temperature was taken before it travelled to the races. It's temperature was recorded as:

_____ C

Declaration

This form is to certify that I, the Responsible Person for this horse, declare that the horse has not shown any clinical symptoms of Equine Influenza within the previous 14 days. I acknowledge that I need to present this form, together with the horse's passport, to the BHA equine welfare staff at the racecourse stable office.

The horse's passport will be checked to ensure that the horse has been vaccinated within the past six months.

Responsible Person Name: _____

Signature: _____

*****NB. This form must be provided to the racecourse stable office IN ADVANCE of the animal being unloaded from its transport.*****