## HORSE HEALTH QUESTIONNAIRE

### Participant’s Information

**PLEASE PRINT CLEARLY**

<table>
<thead>
<tr>
<th>Participant Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone Number:</td>
</tr>
<tr>
<td>Emergency Number (if different):</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
<tr>
<td><strong>Current Veterinarian Name/Contact Information (Phone, City, State):</strong></td>
</tr>
<tr>
<td><strong>Farm Name/Stable where horses are kept (Phone, City, State):</strong></td>
</tr>
<tr>
<td><strong>Name of Horse or Horses participating at Midwest Horse Fair:</strong></td>
</tr>
</tbody>
</table>

1. Has the horse(s) listed above been exposed to an infectious disease (for example but not limited to EHV-1, Influenza, Strangles, Salmonella) within the past 28 days?  
   - [ ] YES  
   - [ ] NO

2. Has the horse(s) listed above been on premises with a confirmed positive case of an infectious disease within the past 28 days?  
   - [ ] YES  
   - [ ] NO

3. Has the horse(s) listed above shown symptoms of infectious disease in the last 14 days? (For example but not limited to: fever, nasal discharge, coughing, disinterest in feed, neurologic symptoms, diarrhea)  
   - [ ] YES  
   - [ ] NO

4. Has the horse(s) listed above had a body temperature(s) above 102° F during the last 14 days?  
   - [ ] YES  
   - [ ] NO
   - [ ] I have not taken temperatures

5. Have any persons in your group been on a farm with horses who have symptoms of infectious disease or been placed under a quarantine in the past 7 days?  
   - [ ] YES  
   - [ ] NO

Participant agrees to notify the official show veterinarian immediately if any Horse(s) listed above develop(s) a fever or other signs of infectious disease during the event. Participant agrees that the show veterinarian may examine the Horse(s) at any time, for any reason, without advance notice to Participant. If in the official show veterinarian’s sole and exclusive determination, the Horse(s) has/have a fever or other signs of infectious disease, Participant agrees to remove such Horse(s) from the pavilions immediately and off the grounds within 2 hours of the show veterinarian’s determination. If Participant for any reason cannot remove such Horse(s) from the premises, event management will arrange for removal of the Horse(s) at Participant’s expense.

Participant represents and warrants that Participant is the owner of the Horse(s) listed herein or is authorized by the owner of such Horse(s) to execute this Horse Health Questionnaire, and Participant agrees to indemnify Wisconsin Horse Council, its officers, director, agents, employees, member organizations, promoting clubs officials, municipal and other public entities, and cosponsors and to hold Wisconsin Horse Council, its officers, director, agents, employees, member organizations, promoting clubs officials, municipal and other public entities, and cosponsors harmless from and against any and all liability that may arise out of Participant’s breach of this warranty.

Date: ___________________________  
Signature of Participant (Date of Birth)

Required signature of parent or guardian for Participant under eighteen (18) years of age:

Date: ___________________________  
Signature of Participant’s Parent/Guardian (Date of Birth)