

2019 FCF Equine Animal Health Certificate

Exhibitor's Name _____ Phone _____

Exhibitor's Address _____

Equine Examined for Health Certificate

	Breed	Description of Animal	Other ID
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Examination Date: _____

Signature of Certifying Veterinarian: _____

Signature of Owner: _____

**This form MUST be presented at Check in
of the Fremont County Fair Horse Show**