



NORTHERN INTERNATIONAL LIVESTOCK EXPOSITION
(406) 256-2495 ♦ FAX (406) 256-2494 ♦ www.thenile.org ♦ P.O. BOX 1981 ♦ BILLINGS, MT 59103

Horse Health Declaration

ONE TRAILER PER FORM | PLEASE BRING FORM WITH YOU, DO NOT SEND EARLY | PRINT CLEARLY

Responsible Party (in charge of horse(s) at the event): _____

Cell Phone Number: _____ Email: _____

Address: _____ City, ST Zip _____

Second Contact: _____ Relationship: _____

Second Phone Number: _____

Arrival Date: _____ Departure Date: _____

Division(s) Entered: _____

Horses in Shipment:

Registered Name of Horse	Owner Name	Breed	Age	Sex	Color	Health Cert.

Origination Information (address from which the horse(s) was moved to the event):

Name _____ Address _____

City, ST, Zip _____ Phone _____

Horse Health Declaration

I, _____ (print name) declare that the horse(s) named above has/have been in good health, with body temperature(s) below 102°F, eating normally, has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event and has received a rhinopneumonitis & influenza vaccine within the past 180 days.

Signature: _____ Date _____