

**Health Declaration Form**  
**Equine Influenza**

Name of horse: \_\_\_\_\_

Trainer: \_\_\_\_\_

Date temperature taken: \_\_\_\_\_

Time temperature taken: \_\_\_\_\_

**Temperature**

This horse's temperature was taken before it travelled to the races. Its temperature was recorded as: \_\_\_\_\_ C

**Declaration**

This form is to certify that I, the Responsible Person for this horse, declares 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 calendar months of the race/event date.

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.\*\*\***