EQUINE BIOSECURITY & ANIMAL CARE FORM



The Calgary Stampede is committed to animal health and safety year round. We employ several preventative measures as part of our biosecurity plan and encourage animal owners to participate in minimizing the risks to protect the health and welfare of the agriculture industry. As such, we require a detailed list of each horse you intend to bring to the Calgary Stampede Show. It is imperative that this list is accurate with ALL horses listed and kept up to date. Should you make changes to the horses you plan to bring please update this form and return to us prior to arriving on Stampede Park. Please let us know if you have any questions.

All horses arriving on Stampede Park need to have been in good health, with body temperature(s) below 102°F (38.9°C), eating normally, and has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event. It is strongly recommended that all horses have received a rhinopneumonitis & influenza vaccine within the past 180 days.

EXHIBITOR NAME:	
COMPETITION/SHOWCASE:	

HORSES IN SHIPMENT:

Registered Name of Horse List Barn Name if Grade	Registration Number	Breed	Colour	Gender	Age



I have a current coggins test for each horse on file: \square Yes \square No

If yes, when does it expire?

Please note, Coggins is not required to attend the show.

Origination Information (rigination Information (address from which the horse(s) is arriving from):				
Address					
City	Province/State	Postal Code/Zip			
Phone	Premise ID (if app	Premise ID (if applicable):			
D. L 1					
Return Information (addr	ess to which the horse(s) will	move after the event):			
Address					
City	Province/State	Postal Code/Zip			
Phone:	Premise ID (if app	Premise ID (if applicable):			
CONTACTINFORMATIO	N:				
Responsible Party (person	n in charge of horse(s) at the e	event)			
	Farm Name:_				
Name:					
	Email Address:				
Cell Phone Number:					

Please return completed forms to the Calgary Stampede Entries Office via email or fax.

Print Name: ______Date: _____

Signature: _____

Email: agriculture@calgarystampede.com

Fax: (403)410-4549