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## Southeastern Livestock Pavilion Hurricane Evacuation Declaration

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**Contact Person:**

Name of Person in Charge of Horse(s) during Evacuation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Horses in Shipment

Date	# of Horses Checked In	Stall Assignments

Address of property from which the horse(s) was moved to the event:

Address of property to which the horse(s) will move after the event: ( If different from above.)

Alternate Contact Information ( For individuals affiliated with the horse(s).)

Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### Horse Health Declaration

I, \_\_\_\_\_ declare that the horse(s) named above has/have been in good health, with body temperature(s) **below 102°F**, eating normally and has/have not shown signs of infectious disease for three (3) days preceding arrival at this facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Official Use Only:

Date and Time of Arrival \_\_\_\_\_ Facility Managers Initials \_\_\_\_\_

Date and Time of Departure \_\_\_\_\_ Facility Managers Initials \_\_\_\_\_