

**VENDOR DECLARATION FOR HORSES**

**1) Please fill out the information requested**

**A. General information on the vendor (owner or owner's agent)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

**B. Attached documents:**

Certification of Veterinary Inspection number: \_\_\_\_\_

Description of Horses - See Attached EIA documents: \_\_\_\_\_

Number of horses:

**2) Vendors are to answer all questions below in the spaces provided and include any further information if deemed necessary**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>YES</b>               | <b>NO</b>                |
| i) Have the horses covered by this declaration remained on your property for the last 6 months, or, if not, do you have access to the information concerning the use of veterinary drugs of the horses during the last 6 months?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Have any of the horses covered by this declaration been treated with veterinary medicine during the last 6 months and, if so, are any of the horses within a withholding period? If yes, indicate medication, date of treatment, withholding period: | <input type="checkbox"/> | <input type="checkbox"/> |

Horse identification	Medication	Date of application	Withholding period

- |  |                          |                          |
|--|--------------------------|--------------------------|
| iii) Have any of the horses covered by this declaration been treated in the last 6 months with Aristolochia spp and preparations thereof, Chloramphenicol, Chloroform, Chlorpromazine, Colchicine, Dapsone, Dimetridazole, Metronidazole, Nitrofurans (including furazolidone, nitrofurazone) or Ronidazole? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- |   |                          |                          |
|---|--------------------------|--------------------------|
| iv) Have any of the horses been treated with hormonal growth promotants or beta agonists, used for growth promotant purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- |   |                          |                          |
|---|--------------------------|--------------------------|
| v) Have any of the horses covered by this declaration been treated with medication not registered for horses in the last 6 months? If yes, indicate horse identification, chemical used, date of application: | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Horse identification	Chemical	Date of application	

- vi) Have any of the horses been treated against ectoparasitos (garrapa)?

Horse identification	Chemical	Date of application	

**DECLARATION**

I declare as the owner or the owner's agent the information provided in this form and the attached documents to be correct and given in good faith.

**Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_