

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

If yes, please attach a copy with this form.

HORSE SHIPMENT INFORMATION:

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

Name _____ Address _____
 City _____ Province/State _____ Postal Code/Zip _____
 Phone _____ Premise ID: _____

Return Information (address to which the horse(s) will move after the event):

Name _____ Address _____
 City _____ Province/State _____ Postal Code/Zip _____
 Phone _____ Premise ID: _____

CONTACT INFORMATION:

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

Name: _____ Farm Name: _____
 Cell Phone Number: _____ Email Address: _____
 Address: _____
 Home Phone Number: _____ Arrival Date: _____

I certify that the above information is true to the best of my knowledge.

Print Name: _____ Date: _____
 Signature: _____

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

**Email: agriculture@calgarystampede.com
 Fax: (403)410-4549**