

# EQUINE HEALTH ENTRY REQUIREMENTS

Lamplight Equestrian Center | Wayne, Illinois

Protecting the health of your horse and other horses at HITS Chicago is of the utmost importance to HITS. Beginning in 2013, HITS implemented Required Biosecurity Measures to decrease the risk of introduction and/or spread of contagious or infectious disease at its shows.

Horses must arrive only between the hours of 8 am - 5 pm daily. Off-hours arrival must obtain permission from Show Management

## UPON ARRIVAL TO HITS CHICAGO, ALL HORSES MUST HAVE/PROVIDE:

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### EVENT PARTICIPATION DECLARATION

**Required**

Signed by the owner/agent/trainer verifying that the horse has been healthy with no sign of infectious disease and has not had a fever above 102°F within 72 hours (3 days) of arrival. The Event Participation form must be on file for each Circuit of shows (Spring Classic I,II,III; Spring Spectacular I,II,III; Summertime I,II,III; End of Summer I,II; Fall Classic I,II). Event Participation Declaration Form available in this prize list and at HitsShows.com.

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### PROOF OF VACCINATION

**Required**

Via a signed statement from the attending veterinarian that the horse has been vaccinated against the following:

Within 6 months (180 days) of each show: **Equine Influenza**

Within 6 months (180 days) of each show: **EHV 1 and EHV 4**

If a vaccination will expire during one of the shows, the horse must receive its new vaccination prior to being issued a competition number for that show.

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### PRESENTATION OF HEALTH REQUIREMENTS

**The Equine Health Requirements are Required for all horses entering the Show Grounds both Showing and Non-Showing.** These documents must be filed in the Show Office **before any competition numbers will be issued.** In addition, random checks for Equine Health Requirements will occur. Be sure to keep a copy of all of your horse's Equine Health Requirements in an easily accessible spot (in your tack room or tack trunk, truck or trailer) to ensure you can comply with this requirement. The results on all required papers must indicate the horse's registered (show) name.

Any horse not accompanied by these documents will be directed to the Show Veterinarian to obtain the required documents and/or vaccinations, and/or will be placed in quarantined stabling until the proper documents are obtained. Any horse showing signs of fever/illness/stress is subject to examination by HITS Officials and/or the Show Veterinarian, who may at their sole discretion, place the horse in quarantined stabling or take further action if deemed necessary.

See **Rules and Regs** for more information, and visit [HITSShows.com](http://HITSShows.com) for the most up to date requirements.

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### DIRECTIONS TO HITS Lamplight Equestrian Center

#### FROM CHICAGO:

I-90 (Kennedy Expressway) West to Rt. 59 (Barrington, IL)  
Rt .59 South to Stearns Rd. (West Bartlett, IL)  
Stearns Rd. West (right turn) to end (Dunham Rd.)  
Left turn onto Dunham Rd.  
1/8 mile Lamplight is on the right.

#### FROM ST. CHARLES HOTELS:

Rt. 64 East (Main St./North Ave.)  
to Kirk Rd. North. Kirk Rd. turns into Dunham Rd.  
Continue North. Lamplight is on the left approximately  
1.5 miles after Army Trail Rd.

# 2020 HITS CHICAGO | EVENT PARTICIPATION DECLARATION

**Upon arrival to Lamplight Equestrian Center, I hereby certify the following:**

Trainer's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Arrival Date \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Facsimile \_\_\_\_\_

*If person completing form is different from trainer named above, please complete the agent information below:*

Agent \_\_\_\_\_ Agent Phone \_\_\_\_\_  
 Agent Email \_\_\_\_\_ Agent Cell \_\_\_\_\_

**All Horses, Showing or Non-Showing, Must be listed below.**

Horses in Shipment \_\_\_\_\_

Date of Arrival \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Horse Name (use Show Name)	Owner Name	Color	Sex	Height	Age	Showing	Non
							Showing

*Attach additional pages if necessary*

**Origination Information**

Address from which horse(s) were moved to the event:

Farm Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Attending Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

**Horse Health Declaration**

I declare that the horse(s) named above have been in good health, with body temperature below 102°F, eating normally and have shown no signs of infectious disease for the three (3) days preceding arrival at this event. By signing below I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

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

Print Name \_\_\_\_\_