3 DAY TEMPERATURE LOG

RECOMMENDED TO BE SUBMITTED 24 HOURS BEFORE ARRIVAL

Please submit this form	n to: nee.equinehealth@	gmail.com	
TRAINER NAME:		HORSE:	
DATE	AM TEMPERATURE	PM TEMPERATURE	INITIAL
I declare that the tempera	atures listed above are acc	urate recordings.	
Temecula Valley National I protocols being disregard further disciplinary action	Horse Show will be conside ed, we will refuse further e . Noncompliance with thes	ocuments that will be required truthful and binding. In entries from all related horse protocols will result in perowingly permit non-complia	the event of any of these es and we will inform USEF fo nalties imposed by USEF on
TRAINER SIGNATURE:		DATE:	