

USEF LICENSEE ACKNOWELDGEMENT OF VESICULAR STOMATITIS USEF REQUIREMENTS

ACKNOWELDGEMENT OF VESICULAR STOMATITIS USEF REQUIREMENTS	
2 Harrice soul	
I,competition manager, for competition#	
competition name Old Silem Farm to be held on 10/25 /2013date	
City, state) agree to the circled option related to hosting this	event.
Option A	
 Restrict entries from USDA confirmed VS- Affected States under the condition that 	-
notification is made to the Federation and all potential participants no less than five	(5) days
prior to the start of competition and the notification is published on an obvious loca	ition on
the competition social media sites.	
Option B	
 Accepting horses from VS- Affected States and to implement the following biosec 	urity
requirements:	
 Timed Certificate of Veterinary Inspection issued within 5 days prior to the 	start of
the competition which includes a VS Statement.	
 Onsite Veterinary or their technician examination of all horses from VS affe 	
States for vesicular lesions at time of entry to venue. No horse will be permi	
entry to stabling, schooling, or competition area without veterinary examina	tion.
Rejection of any horse or load of horses with suspect lesions.	
 Separate designated stabling area for horses from VS affected states. 	
 Monitoring of horses from VS Affected States for the duration of the event. 	Stall
temperature logs required to be completed with twice daily temperature re	cordings.
Individual designated by competition management to directly observed	e horses
originating from VS affected states for vesicular lesions daily.	
 Immediate notification of State Veterinarian's office and USEF Equine Healt 	h and
Biosecurity Veterinarian of any suspect lesions.	
 Implement Vector Control Measures on the premises including but not limit 	ted to
encourage use of individual vector control of fly sprays, wipes or protective	covering
and to premises control measures to eliminate fly breeding areas.	_
Option C	
• Cancel the event	
Cur of couck	
By signing below, I,, acknowledge consulting with veterinarian,	
have determined the above option is the most appropriate for our venue and competit	on.
Alala-	
Em mistrouck	
Signature Date	

4001 WING COMMANDER WAY I LEXINGTON, KY 40511 PHONE 859 810 USEF I FAX 859 721 1151 I USEF.ORG