



TEMPERATURE REPORTING FORM

Event Name: _____

Date: _____ Time: _____ AM PM

City: _____ State: _____

PERSON REPORTING

Name: _____ Phone#: _____

Name of Show Veterinarian: _____ Phone#: _____

HORSE INFORMATION

Trainer's Name: _____

Horse Name: _____

Barn #: _____ Stall #: _____ Temperature: _____

Was the horse experiencing any other clinical signs?: _____

Was the horse taken into isolation?: _____

Will the horse be tested?: _____

Forms can be emailed to the Equine Health Team at equinehealth@usef.org.
For additional questions or information, please contact Dr. Katie Flynn at 859-225-6991.