

HEALTH PAPER REQUEST

Return this form on Wednesday or Thursday before 11.00 in the week you are leaving

Name Rider(s): _____ Country: _____

Contact name: _____ Contact mobile: + _____ - _____

Driver details/Transporter

Name: _____ Country: _____

Address: _____ Postal code: _____ City: _____

Place of destination (where are you traveling to)

Name of location: _____

Address: _____ Postal code: _____ City: _____

Countries traveling through: _____

Did you plan to have an overnight stop: **No** ▼ **(if yes provide the address)**

License plate Lorry: _____ Departure date (dd-mm-yyyy): _____

Horse details Number of horses: _____

We need a copy of the original TRACE papers together with this request you used to travel to this show.

Please enter the horse details on the back of this form

Bridle / HorseNo	Horse Name	Chip number (15 characters)	Stallion / Gelding / Mare	Born year	Stable
____		_____	G ▼	____	____
____		_____		____	____
____		_____		____	____
____		_____		____	____
____		_____		____	____
____		_____	▼	____	____
____		_____		____	____
____		_____		____	____
____		_____		____	____
____		_____		____	____
____		_____	▼	____	____
____		_____		____	____
____		_____		____	____
____		_____		____	____
____		_____		____	____

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Signature; _____

#	EU	NON-EU	INV