# EQUINE EVENT DENIED ENTRY REPORT

**Date of Event:**

**Name of Event:**

**Location of Event:**

I hereby certify that the below listed equidae were denied entry into this event because of improper, falsified, or no report of an official negative test for equine infectious anemia.

________________________
Signature - Sale/Show Chairman/Manager

________________________
Address (City, State, Zip)

## EQUIDAE DENIED ENTRY

<table>
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<tr>
<th>No.</th>
<th>Name of Owner</th>
<th>Address</th>
<th>Equidae Name</th>
<th>Reason</th>
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