



**Chief Joseph Trail Ride
Veterinary Declaration of Fitness**

This certificate must be completed within thirty (30) days prior to the ride

Owner: _____

Horse's Name and Registration Number: _____

I certify that I have examined the horse listed above. As of today's date, there is no evidence of outward soundness issues and adequate fitness is demonstrated (ie. is not obese or emaciated) to allow it to be ridden at a walk on a five-day, distance trail ride. This evaluation is based on gross physical examination only and cannot account for internal diseases or conditions that require diagnostics beyond a physical examination to identify, nor does it account for injuries, illnesses or mismanagement that may occur after the date of this exam.

Signed: _____ Date: _____
(Must be signed by a licensed veterinarian)

Hospital Name: _____

Address: _____

Telephone Number: _____