



## 2024 PID Barn Area OH/MD Entry Request Form

Trainer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please list below the horses you plan on shipping into the PID Barn Area. Extra forms may be used to accommodate additional horse names.**

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

Horse: \_\_\_\_\_ Previous Location: \_\_\_\_\_

I hereby attest that none of the above listed horses have been at any racetrack or training center, nor have comingled with any horse from any racetrack or training center, and/or stabled at a facility that has horses that traveled to a racetrack in Ohio or Maryland in the past thirty (30) days.

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion, please return this form to the CDI Equine Medical Director Dr. Will Farmer at 260-438-4151 or [will.farmer@kyderby.com](mailto:will.farmer@kyderby.com). Please note that horses are NOT authorized to ship into the PID Barn Area from OH or MD until written confirmation has been received from the CDI Veterinary Department. For questions, please contact Dr. Farmer.**