



OKLAHOMA STATE FAIR®
 September 15-25, 2011
 Oklahoma State Fair Horse Show Division
 PO Box 74943 - Oklahoma City OK 73147
 Telephone: (405) 948-6735 or e-mail mpankow@okstatefair.com

EQUINE VETERINARY CANCELLATION FORM

Must be original form, completed in ink or typed, completely legible and containing original signatures of recorded owner (or) responsible trainer/agent AND attending veterinarian(s). It MUST be received (mailed or presented in person) in original form {i.e. copies not acceptable} to OSF Horse Show Office no later than 6:00 p.m. on the day preceding the first intended/originally entered class for the horse noted below. Completion of this form does not guarantee refund. OSF Management/Staff will review documentation and information. Exhibitor/owner will be notified of decision within 60 days after completion of 2011 Oklahoma State Fair.

Registered name of horse: _____
 Breed Registry: _____ Registry#: _____
 Recorded owner: _____
 Owner's Address: _____
 Owner's City, State Zip: _____
 Owner's telephone numbers: _____
 Owner's e-mail address: _____
 Owner's signature: _____
 Trainer/Agent Name: _____
 Trainer/Agent Address: _____
 Trainer/Agent City, State Zip: _____
 Trainer/Agent's telephone numbers: _____
 Trainer/Agent's e-mail address: _____
 Responsible trainer/agent's signature: _____

The following section of the form must be completed in entirety by the attending veterinarian/veterinary hospital and must be legible and concise:

Description of horse: Gender _____ Color _____ D.o.B.: _____ General description of markings: _____

Nature/description of injury or illness causing withdrawal of this horse from competition at Oklahoma State Fair: _____

Date of occurrence of injury or initial onset of illness: _____

Provide and attach supplementary list showing specific dates of examination and treatment: include name of each veterinarian and all prescribed treatments, medications and prognosis at each time. On this list, provide legible address and telephone number of each/all attending veterinarian(s).

Provide actual and original SIGNATURE(s) below, of each/all attending veterinarian(s) as noted above/per attached. Signature(s) indicates the specific and detailed treatment as described above/per attached, as performed by each licensed veterinarian and the testimony that this animal is being withdrawn from competition based on the information provided herein and to be the qualified and true opinion by the attending veterinarian(s) that this animal is unable to compete in the Oklahoma State Fair, September 15-25, 2011. Signature on this form constitutes agreement to be contacted, if deemed necessary by the management of the Oklahoma State Fair for additional information/documentation/verification.

Signature: _____ Date: _____
 (primary attending veterinarian)

Signature: _____ Date: _____

Signature: _____ Date: _____



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EQUINE EXHIBITOR/PHYSICIAN CANCELLATION FORM

Must be original form, completed in ink or typed, completely legible and containing original signatures of exhibitor, responsible trainer/agent AND attending physician(s). It MUST be received (mailed or presented in person) in original form {i.e. copies not acceptable} to OSF Horse Show Office no later than 6:00 p.m. on the day preceding the first intended/originally entered class for the horse noted below. Completion of this form does not guarantee refund. OSF Management/Staff will review documentation and information. Exhibitor/owner will be notified of decision within 60 days after completion of 2011 Oklahoma State Fair. If the entered horse can be shown/exhibited by any other individual in the entered or substituted class(es), refund will not be considered.

Name of Exhibitor unable to compete: _____
Registered name of horse: _____
Breed Registry: _____ Registry#: _____ Class Numbers: _____
Recorded owner: _____
Owner's Address: _____
Owner's City, State, Zip: _____
Owner's telephone numbers: _____
Owner's e-mail address: _____
Owner's signature: _____
Trainer/Agent Name: _____
Trainer/Agent Address: _____
Trainer/Agent City, State Zip: _____
Trainer/Agent's telephone numbers: _____
Trainer/Agent's e-mail address: _____
Responsible trainer/agent's signature: _____

The following section of the form must be completed in entirety by the attending physician/ hospital and must be legible and concise:

Nature/description of injury or illness causing withdrawal of this exhibitor from competition at Oklahoma State Fair:

Date of occurrence of injury or initial onset of illness: _____

Provide and attach supplementary list showing specific dates of examination and treatment: include name of each physician/clinic and all prescribed treatments, medications and prognosis at each time. Provide on this list, legible address and telephone number of each/all attending physicians/clinics.

Provide actual and original SIGNATURE(s) below, of each/all attending physician(s) as noted above/per attached. Signature(s) indicates the specific and detailed treatment as described above/per attached, as performed by each licensed physician and the testimony that it is necessary that this exhibitor be withdrawn from competition at the 2011 Oklahoma State Fair Horse Show based on the information provided herein. Signature on this form constitutes agreement to be contacted, if deemed necessary by the management of the Oklahoma State Fair for additional information/documentation/verification.

Signature: _____ Date: _____
(primary attending physician)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature of Exhibitor being withdrawn from competition: _____
_____ Date: _____