



**STATEMENT OF COOPERATION  
DRUG AND TAIL TESTING**

SHOW DATE: \_\_\_\_\_ SHOW LOCATION \_\_\_\_\_

If this show is approved, show management agrees to cooperate fully with the APHA and its designated representatives in connection with any drug and/or tail testing that may be conducted by the APHA at this show.

I agree to be bound by and abide by all rules, regulations and policies of the American Paint Horse Association.

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Signature Title with show Date

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Address City State

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Telephone number (day) Zip Code