

HORSE HEALTH DECLARATION

Event Organiser : (club name) _____ Event Name: _____
 Event Venue: _____ Event Date: _____
 Person responsible for horse/s: _____
 Residential Address: _____
 Phone: _____ Mobile: _____ Email: _____
 Property of origin of horses address: _____ Property of origin PIC: _____
 (Property Identification Code)
 Vehicle Rego No: _____ Movement commenced: / / am/pm _____ Waybill/Permit No: _____

Registered Name of Horse	Stable Name	Sex	Breed	Colour	Brand	Microchip Number	Hendra Vaccinated (Y/N)	Event Stable No.
1								
2								
3								
4								
5								

Continue on additional page if travelling with more than five horses.

Are you stabling overnight? YES / NO Date and time of arrival at Event : / / am/pm Planned Departure date and time: / / am/pm
 After the event are the horses returning to the property of origin? YES / NO Destination address: _____

Declaration by owner or person in charge of horse/s attending
 I, _____ declare that the horse/s named above has/have been in good health, eating normally and not shown signs of illness during the last three (3) days leading up to this event. I give my authorisation for the Event Organising Committee/Manager/Event Biosecurity Officer hereinafter referred to as Event Organisers, to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the above mentioned horses as a result of this veterinary examination.

- I AGREE TO ENSURE THAT:
- If required, before movement, all horses will be shampooed, rinsed and allowed to dry and their hooves will be picked clean of all solid material and washed with shampoo.
 - All vehicles and equipment accompanying the horse/s will be cleaned to remove all solid material that could contain disease agents and then disinfected.
 - The information contained in this DECLARATION is true and correct to the best of my knowledge.
 - I agree to abide by all conditions that may be imposed at any time by the Event Organisers.
 - I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited.

Name: _____ Signature: _____ Date: _____