

# HORSE HEALTH DECLARATION FORM



|   |  |                                  |           |
|---|--|----------------------------------|-----------|
| <b>EVENT NAME</b>                                   |  | <b>DATE</b>                      |           |
| <b>OWNER OR PERSON IN CHARGE OF HORSE/S</b>         |  |                                  |           |
| FULL NAME   |  |                                  |           |
| FULL ADDRESS<br><i>(inc. suburb)</i>                |  |                                  | POSTCODE: |
| EMAIL   |  |                                  |           |
| PHONE   |  |                                  |           |
| <b>PROPERTY OF ORIGIN OF HORSE/S</b>                |  |                                  |           |
| FULL ADDRESS<br><i>(if different to above)</i>      |  |                                  | POSTCODE: |
| PIC NUMBER<br><i>(Property Identification Code)</i> |  | Waybill / Movement Document No.: |           |

|    | DESCRIPTION/SEX      | MICROCHIP/ BRAND        | REGISTERED NAME                | STABLE NAME | Is Hendra Vaccination Current? (Y/N) | PIC of Origin (if different to above) |
|----|----------------------|-------------------------|--------------------------------|-------------|--------------------------------------|---------------------------------------|
| eg | <i>Pinto Gelding</i> | <i>9390000005624631</i> | <i>B &amp; W Face Value II</i> | <i>Oreo</i> | <i>N</i>                             |                                       |
| 1  |                      |                         |                                |             |                                      |                                       |
| 2  |                      |                         |                                |             |                                      |                                       |
| 3  |                      |                         |                                |             |                                      |                                       |
| 4  |                      |                         |                                |             |                                      |                                       |

See reverse for additional horses

|   |     |  |    |  |
|---|-----|--|----|--|
| Do you have a dog with you?                       | YES |  | NO |  |
| Are you stabling horse/s overnight? (Please tick) | YES |  | NO |  |
| If stabling please list dates                     |     |  |    |  |

## DECLARATION BY OWNER OR PERSON IN CHARGE OF HORSE/S

I declare that the horse/s named above has/have been in good health, eating normally and not showing signs of illness during the 3 days leading up to attendance at this event. I give my authorisation for the designated QSEC or Event Organising Committee Representative 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 as a result of this.

## I AGREE TO ENSURE THAT:

1. 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.
2. All vehicles/equipment accompanying the horses will be in a clean condition at the commencement of travel to the Queensland State Equestrian Centre (QSEC).
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions and directions of QSEC or the event organiser.
5. I acknowledge that failure to comply with the above may result in refusal of entry to the venue; disqualification or other disciplinary action as decided by QSEC or the event organisers.
6. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and premises may be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time.
7. In the event of horse movement restrictions, each owner/person in charge will be responsible for the care, maintenance and cost of their horse/s, including feeding and watering.

Signature

Name

Date

|    | DESCRIPTION/SEX      | MICROCHIP/ BRAND        | REGISTERED NAME                | STABLE NAME | Hendra Vaccinated (Y/N) | PIC of Origin (if different to above) |
|----|----------------------|-------------------------|--------------------------------|-------------|-------------------------|---------------------------------------|
| eg | <i>Pinto Gelding</i> | <i>9390000005624631</i> | <i>B &amp; W Face Value II</i> | <i>Oreo</i> | <i>N</i>                |                                       |
| 5  |                      |                         |                                |             |                         |                                       |
| 6  |                      |                         |                                |             |                         |                                       |
| 7  |                      |                         |                                |             |                         |                                       |
| 8  |                      |                         |                                |             |                         |                                       |
| 9  |                      |                         |                                |             |                         |                                       |
| 10 |                      |                         |                                |             |                         |                                       |
| 11 |                      |                         |                                |             |                         |                                       |
| 12 |                      |                         |                                |             |                         |                                       |
| 13 |                      |                         |                                |             |                         |                                       |
| 14 |                      |                         |                                |             |                         |                                       |
| 15 |                      |                         |                                |             |                         |                                       |