2015 NSW Biosecurity Horse Health Declaration

Declaration by owner or person in charge of horse/s attending:									
OWNER OR PERSON IN CHARGE OF HORSE/S HOME ADDRESS POSTCODE	EVE	NT NAME						DATE	
PHONE (MOBILE) VEHCLE REGISTRATION NUMBER PROPERTY OF ORIGIN OF HORSE/S FULL ADDRESS (if different from above) PIC NUMBER (Property IdentificationCode) DETAILS OF ALL HORSES YOU ARE BRINGING ONTO THE GROUNDS If HORSE'S REGISTERED NAME DESCRIPTION/SEX MICROCHIP/BRAND PIC OF PROPERTY HORSE IS RETRINING TO THE GROUNDS If HORSE'S REGISTERED NAME DESCRIPTION/SEX MICROCHIP/BRAND PIC OF PROPERTY HORSE IS RETRINING TO THE GROUNDS If HORSE'S REGISTERED NAME DESCRIPTION/SEX MICROCHIP/BRAND Q Declaration by owner or person in charge of horse/s attending: ———————————————————————————————————	COI	MPETITOR'S NAME							
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PIC NUMBER (Property Identification Code) DETAILS OF ALL HORSES YOU ARE BRINGING ONTO THE GROUNDS # HORSE'S REGISTERED NAME DESCRIPTION/SEX MICROCHIP/BRAND PIC OF PROPERTY HORSE IS BETURNING TO (IF DIFFERENT FROM ABOVE) VACCINATION FROM ABOVE) 1 Q 2 3 Declaration by owner or person in charge of horse/s attending: 1									
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To (IF DIFFERENT FROM ABOVE) Q Declaration by owner or person in charge of horse/sattending:	#	HORSE'S REGISTERED NAME	DESCR	IPTION/SEX	MICROCHIP/BRA	ND	PIC OF	PROPERTY	CURRENT HEN
Declaration by owner or person in charge of horse/s attending:							TO (IF	DIFFERENT	VACCINATION
Declaration by owner or person in charge of horse/s attending:	1							,	
Declaration by owner or person in charge of horse/s attending:	2								
Declaration by owner or person in charge of horse/s attending:	2								
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 days leading up to this event. I give my authorisation for the Event Organising Committee/Biosecurity Manager 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 abovementioned horses as a result of this veterinary examination. IAGREE TO ENSURETHAT: 1. All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing property of origin. IFURTHER DECLARE THAT: 2. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge. 3.1 agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager. 4. I acknowledge that in failure to comply, I may be directed to leave the event and my nominations will be forfeited. 5. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Biosecurity Manager. 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 will be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that the Biosecurity Manager/Event Organising Committee, its State or National Affiliated bodies and their members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to the event/farm.	3								
Signature	, not sl Mana cours AGR 1.All depa FUR 2. The Mana 5. Lac Mana for lac agre n an	nown signs of illness during the last the ger to call for veterinary inspection of e of the event. I agree to pay any veter the event. I agree to event the	ompanying the hourinary fer the hourinary fer the hourinary fer the hourinary because the houring that horse that horse ance with the houring the hour	declare that is leading up to this rse/s named above es incurred for the mg horse/s will be laration is true and used at any time by directed to leave the cion procedures mares might become in the any legislation coger/Event Organising	event. I give my au and in my care sho abovementioned ho clean and free of secorrect to the best of the Event Organising the event and my nor by be required of me fected with disease vering such occurreng Committee, its St	thorisation for the Ever buld they be showing s rses as a result of this v olid material (that cou f my knowledge. g Committee/Biosecurit ninations will be forfeite f instructed by the Ever agents as a result of an noces including policies a ate or National Affiliate	nt Organis igns of illi veterinary ild contai y Manage ed. nt Organis y moveme and proce ed bodies	sing Committee/Eness at any time examination. In disease agents er. ing Committee/Bi ents and if necess dures in effect at and their membe	during the prior to osecurity ary horses that time. rs are not
	Signa	ture							
NATHE 113to	 Name							/ Date	•

HORSE LISTING CONTINUED

#	HORSE'S REGISTERED NAME	DESCRIPTION/SEX	MICROCHIP/BRAND	PIC OF PROPERTY HORSE IS RETURNING TO (IF DIFFERENT FROM ABOVE)	CURRENT HENDRA VIRUS VACCINATION Yes/No
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