

HORSE HEALTH DECLARATION

Event Organiser:	Gunalda & Districts Western Performance Club				
Event Venue: Nambour Showgrounds, Nambour		Event Name:	A Show		Event Date:
Person Responsible for Horses:					
Residential Address:					
Phone:		Mobile:		Email:	
Property of origin of Horses address:				Property of Origin (PIC): (Property Identification Number)	
Vehicle Rego No:			Movement commenced: / /		am/pm

Registered Name of Horse	Stable Name	Sex	Breed	Colour	Brand	Microchip No	Hendra Vaccinated (Y/N)

Are you stabling overnight: YES / NO

Date and time of

Arrival: /...../.....am/pm

Date and time of

Departure: /...../.....am/pm

After the event are the horses returning to property of origin YES/NO

Destination Address: _____

Declaration by owner or person in charge of horses/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 days leading up to this event. I give my authorization for the Event Organising Committee/Manage/Event 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 event. I agree to pay any veterinary fees incurred for the above mentioned horse/s as a result of this veterinary examination.

I AGREE TO ENSURE THAT:

1. The information contained in this DECLARATION is a true and correct to the best of my knowledge.
2. I agree to abide by all conditions that may be imposed at any time by the Event Organisers.
3. 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 the time.
4. I agree and acknowledge that the Event Organisers, its State and/or National Affiliate bodies and their members are not in any way liable for any costs, 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.

Name: Signature: Date/...../.....