Revised July 2016	Horse Health Declaration Form

Full name (owner/person in charge) ……

Address of above ……..

Email …… Mobile/Phone number …….

Property of Origin (if different) ……

PIC Number from property ……..

PIC Number of destination ……

Official Horse Name (nominated name)	Breed	Description/Sex	Brand/Microchip	Hendra Vacc Y/N	Hendra Vacc Date
Mayville Carmelo	ASH	Chestnut mare	9851xxxxxxxxxx	Y	1/1/14

If stabling overnight, please state inclusive dates: _ _/_ _/_ _ to / /____

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 last 3 days leading up to attendance to this event today. I give my authorisation for the designated steward 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 and equipment accompanying the horses will be in a clean condition at the start of travel to the event.
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 the Organising Committee
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 Pony Club Association of Queensland or the event organising committee.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.

_____ _____ _____

Signature *Name* *Date*