

INSERT CLUB LOGO

HORSE HEALTH DECLARATION FORM

For the purpose of supporting disease control procedures should a suspect or confirmed outbreak occurs. Procedures may include trace back, trace forward and stock standstills. Diseases include endemic (e.g. Strangles) and exotic (e.g. Hendra). *If your horse is showing unusual signs or symptoms call your local veterinarian or the Emergency Disease Hotline 1800 675 888*

PERSON RESPONSIBLE FOR HORSE/S

Name	
Address	<i>Residential</i>
Email	
Mobile	

HORSE INFORMATION

PIC No.	<i>Property of origin</i>						
PIC No.	<i>Property travelling to after the event</i>						
Name	Colour	Height	Sex	Brand and Microchip	Temp 3 days	Temp 2 days	Temp 1 day
					AM/PM	AM/PM	AM/PM
<i>Sir George</i>	<i>Chestnut</i>	<i>15.h</i>	<i>G</i>	<i>ACC N/sh</i>			

1. Are you stabling horse/s overnight at the event grounds or nearby? (circle) Yes / No

2. If yes, state dates & location _____

3. Float/truck registration in which the horse/s will be travelling (if known) _____

4. Vaccination Status:

Vaccine: _____ Date: _____ Vet _____

Vaccine: _____ Date: _____ Vet _____

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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 understand that the information on this form may be handed to a third party should a suspect or confirmed disease or other threatening incident occur, for the purposes of control of the incident.

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 Australia 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