Horse Health Declaration



Event Name:

Owner or person in charge of horse to complete:

	Post code:
Mobile:	
horse/s	
	Mobile:

Breed	Sex G/M/S	Colour	Hendra Vac. Y/N	Microchip Number (if applicable)	Registered Name	Sale Lot No.	Comp. Horse Y/N
Eg. ASH	М	Chestnut	Υ	123456609090909	CH Pmunji	214	Υ

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.					
	on this document originated from a cattle tick infected zone? ed and cleared by an authorised certifier?				
Yes Please provide the certificati received once cleared/spray	No tion number provided for you located on the appropriate paperwork yed.				
Certificate Number:					
I AGREE TO ENSURE THAT:					
their hooves will be picked 2. Any horses coming from t	nent, all horses will be shampooed, rinsed, and allowed to dry, and d clean of all solid material and washed with shampoo. the Cattle Tick Infected Zone must be inspected and treated before with all DPI (Department of Primary Industries) requirements.				
3. All vehicles and equipmen of travel to the above-men	nt accompanying the horses should be in a clean condition at the start ntioned event.				
3. The information contained my knowledge.	ed in this Horse Health Declaration is true and correct to the best of				
4. I agree to abide by all con	nditions and directions of the rules and regulations set by Event organis				
_	e to comply with the above may result in refusal of entry to the venue, isciplinary action as decided by event organisers.				
	vement restrictions, each participant will be responsible for the care, their horse including feeding and watering.				

