



# HORSE HEALTH DECLARATION

Gunalda & Districts Western Performance Club Inc.  
ABN 89 794 264 436

Event Organiser : (club name) \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Venue: \_\_\_\_\_ Event Date: \_\_\_\_\_

Person responsible for horse/s: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Property of origin of horses address: \_\_\_\_\_ Property of origin PIC: (Property Identification Code) \_\_\_\_\_

Vehicle Rego No: \_\_\_\_\_ Movement commenced: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ am/pm Waybill/Permit No: \_\_\_\_\_

	Registered Name of Horse	Stable Name	Sex	Breed	Colour	Brand	Microchip Number	Hendra Vaccinated (Y/N)	Event Stable No.
1									
2									
3									
4									
5									

Continue on additional page if travelling with more than five horses

Are you stabling overnight? YES / NO Date and time of arrival at Event : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ am/pm Planned Departure date and time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ am/pm

After the event are the horses returning to the property of origin? YES / NO Destination address: \_\_\_\_\_

### Declaration by owner or person in charge of horse/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 (3) days leading up to this event. I give my authorisation for the Event Organising Committee/Manager/Event Biosecurity 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 course of the event. I agree to pay any veterinary fees incurred for the above mentioned horses as a result of this veterinary examination.

#### 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 horse/s will be cleaned to removal all solid material that could contain disease agents and then disinfected.
3. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organisers.
4. 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.
5. I further declare that the information contained in this DECLARATION is true and correct to the best of my knowledge.
6. I agree and acknowledge that the Event Organisers, its State and/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.
7. I agree to abide by all conditions that may be imposed at any time by the Event Organisers.
8. I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited.

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