

Horse Health Declaration

PO Box 1289
Armidale NSW 2350

Event Location			Date/s:
PERSON IN CHARGE OF HORSE/S			
Name:			
Address:			
Contact Number:		Email:	
PROPERTY OF ORGIN OF HORSE/S			
Address: (If different from above)			
PIC Number			

Details of Horse						
	Name	Sex	Colour	Microchip/Brand	Hendra Vaccinated Y/N	PIC of Origin (If different to above)
1					Y / N	
2					Y / N	
3					Y / N	
4					Y / N	
5					Y / N	

Temperature Log (last 5 days)

Horse	Day 1	Day 2	Day 3	Day 4	Day 5
1					
2					
3					
4					
5					

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Declaration by owner or person in charge of horse/s attending:

I declare that the horse/s described herein are in good health, eating normally and not shown signs of illness during the last seven (7) days leading up to this event including elevated heart rates and or respiration and or discharge from the nasal cavity and or undue sweating lethargy or diarrhoea.

I give my authorisation for the Event Organising Committee/Biosecurity Manager to call for veterinary inspection of the horse/s described herein 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 and or third party fees incurred for the horse/s described herein as a result of veterinary examination and or quarantine.

I AGREE TO ENSURE THAT:

- All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing property of origin.

I FURTHER DECLARE THAT:

- The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
- I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager.
- I acknowledge that in failure to comply, I may be directed to leave the event and my nominations will be forfeited.
- I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Biosecurity Manager.
- 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.
- I agree and acknowledge that the Biosecurity Manager/Event Organising Committee, its State 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 or from an event and or property.

Signed _____ Date: _____

Print Name _____