



B&DBA Inc BIOSECURITY FORM

Health of Horses Attending 2021 3rd Annual Baroque & Distinctive Breed Festival
(TO BE HANDED IN DAY OF SHOW)

Full Name:			
Full Address (Residential Address)			Postcode:
Phone No:		Fax No:	
Email :			

Full Address: (Property Name, Number, Street, Town)			Postcode:
QDPI PIC Number:		Waybill/Movement Document No:	

Horses Registered Name	Breed	Sex	Colour	Brand	Microchip Number

Continue on additional page if travelling more than 6 horses

Are you stabling horse/s on the grounds? **YES / NO** *If yes complete which days and number of stables below*

MON	TUE	WED	THU	FRI	SAT	SUN

2021 3rd Annual Baroque & Distinctive Breeds Festival

5th, 6th & 7th of November 2021





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Declaration by owner or person in charge of horse/s attending 2021 3rd Annual Baroque & Distinctive Breeds Association Inc. Events

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 3 days leading up to this event. I give my authorization for the B&DBA Inc Management Committee 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 veterinary examination.

I AGREE TO ENSURE THAT:

1. 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 cleaned to remove all solid material that could contain disease agents, and then disinfected.

I FURTHER DECLARE THAT:

3. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions that may be imposed at any time by the B&DBA Inc Management Committee.
5. I acknowledge that failure to comply I may be directed to leave and my nominations will be forfeited.
6. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by B&DBA Inc Management Committee / members.
7. 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 B&DBA Inc Management Committee and its members are not in any way liable for any cost, expense,





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loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to B&DBA Inc Events.

Signature:

Date:/...../.....

HORSE LIST CONTINUED

Horses Registered Name	Breed	Sex	Colour	Brand	Microchip Number

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