



WHISPERING DOWNS—SKYFALL

Biosecurity Horse Health Declaration & Movement Record

TO BE COMPLETED & EMAILED TO
whisperingdowns@outlook.com PRIOR TO CHECK IN

Property address & PIC	Whispering Downs, 248 Mort Douglas Road Gilla Qld (PIC QGTW2086)
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OWNER or PERSON IN CHARGE OF HORSE/S

Full name	
Full Address	
Email	
Phone (Mobile)	

PROPERTY OF ORIGIN OF HORSE/S

Full Address (if different to above)	
PIC Number (Property Identification Code)	

MOVEMENT RECORD

Date arrived:			Date departed:		
Time:			Time:		
No.	REGISTERED NAME (Official Name of Horse)	Description / sex	Microchip / Brand (if applicable)	Breed	Hendra Vac Current Y/N
1					
2					
3					

Declaration over the page to be completed and signed.

4					
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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 attending the property. I give my authorisation for the property owner to call for veterinary inspection of the horse/s named above and in my care should they show signs of illness at any time during the course of the stay on property. I agree to pay any veterinary fees incurred as a result of this.

I AGREE TO ENSURE THAT:

- If required before movement & arrival all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed and shampooed.
- All vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to the event.
- The information contained in this Biosecurity Horse Health Declaration is true and correct to the best of my knowledge.
- I agree to abide by all conditions and directions of the property owner and Registered Biosecurity Entity holder.
- I acknowledge that failure to comply with the above may result in refusal of entry to the property.
- In the event of horse movement restrictions, the owners / person in charge of the horse/s will be responsible for the care, maintenance and cost of their horse/s including but not limited to feeding and watering.
- 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 the time. I agree and acknowledge that the registered biosecurity entity and property owners are not in any way liable for any cost, expense, loss, damage action, proceeding or other liability incurred by or made against me as a result of any movement of horses to the event/farm/grounds.

Signature

Name

Date