

Email - colliewesternriding@gmail.com

Horse Event Participation Declaration

Event: _____Event date: _____

Name of person in charge of horse(s): _____

Address: _____

Contact number: _____

Name of horse	Identification (colour/markings/brands/microchip)

Source property (address of property from which the horse(s) moved to the event):
_____

Destination property (address of property to which the horse(s) will move to after the event – if different from the source property):

Health of horse(s):

I am aware that the congregation of horses at an event provides an opportunity for the spread of infectious diseases.

I declare that the horse(s) named above has/have been in good health and eating normally **during the last three days leading up to this event.** **(This form can be submitted on the day of the show)**

I give my authorization for the designated Animal Health Officer to arrange for a veterinary examination of the horse(s) named above if it/ they show signs of a serious infectious disease or excessive distress at the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Signed_____