

**COLLIE WESTERN RIDING  
ASSOCIATION INC.**



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WESTERN AUSTRALIA

**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 \_\_\_\_\_

