Biosecurity Horse Health Declaration

Event Name: _____ Date: _____

Owner of person in charge of horse/s

Full Name			
Full Address (residential)			
		Postcode	
Phone		**Mobile**	
Email			

Property of origin of horse/s

Full Address			
		Postcode	
QDPI PIC Number		**Waybill/ Movement Document No.**	

Horse Registered Name	Colour	Sex	Breed	Brand/s	Mircochip No.

Continue on additional page if travelling more than 5 horses.

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

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 authorisation for the Event Organising Committee/Manager 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 for the above mentioned horses 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 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 Event Organising Committee/Manager.
5. I acknowledge that in 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 the Event Organising Committee/Manager.
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 Manager/Event Organising Committee, it's 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 the Event.

…… …….…… ……

Signature Name Date