



Owner or person in charge of horse/s.....

Property of Origin of horse/s.....

Full Name:	
Full Address:	<u>Owner</u>
Email:	
Full Address (Property name, no, street, town)	<u>Horse</u>
QLD DPI PIC	Q.....

No of Stock	Breed	Description/Sex	Brand and Microchip	Hendra Vaccination & Vac. Date/s		Official horse name	Stable name
				Y / N	Date/s		
eg	Thoroughbred	Chestnut gelding	ACC N/sh			Mayville Carmelo	Fudge

Photocopy this page if travelling with more than 4 horses

Are you stabling horse/s overnight? (Please tick) Yes No

Please tick the nights you will be stabling and write the dates in the top line of the following table

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 attendance to this event today. I give my authorisation for the designated steward 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.

I AGREE TO ENSURE THAT:

1. If required before movement, 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 in a clean condition at the start of travel to the event.
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge
4. I agree to abide by all conditions and directions of the Organising Committee
5. I acknowledge that failure to comply with the above may result in refusal of entry to the venue; disqualification or other disciplinary action as decided by Pony Club Association of Queensland or the event organising committee.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.

Signature _____ Name _____ Date _____