



Horse Health Declaration

For horses with current Hendra Virus vaccination or horses travelling from a property of origin outside any known Hendra Risk Zone.

Event Name:

Event Date:

ONE FORM PER HORSE

Owner or person in charge of horse

Full Name:			
Full Address: (Residential)			Postcode:
Phone Number:		Mobile No:	
Email:			

Property of origin of horse immediately prior to travel

Full Address: If different to above		Postcode:
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PIC Number:	Travel Doc Number:
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Temperature log –Taken on the 3 days prior to arriving at ride base.

Horse's Registered Name	Sex	Microchip Number <small>AERA Logbook number if novice horse and not micro-chipped.</small>	Date of last Hendra vaccination

Date	Temperature (°C)	Time of day when temperature taken
Day 1:		
Day 2:		
Day 3:		

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Please tick the nights you will be camping:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Declaration by owner or person in charge of horse

I, declare that the horse named above has been in good health, eating normally and not shown signs of illness during the last 7 days leading up to this event. I give my authorisation for the Event Organising Committee/Manager to call for veterinary inspection of the horse 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 THAT:

1. The horse will be shampooed, rinsed and allowed to dry, and its hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles and equipment accompanying the horse 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 if I fail 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, its 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/Farm.

Signature:

Name:

Date: