



Horse Health Declaration

For horses with current Hendra Virus vaccination or horses travelling from a property of origin outside of the know Hendra Risk Zone

Event Name: _____

Event Date: _____

Owner or person in charge of horse

Full Name:			
Full Address: (Residential)		Postcode:	
Phone Number:	Mobile Number:		
Email:			

Property of Origin of Horses Immediately Prior to Travel

Full address if different to above		Postcode:	
PIC Number:	Travel Document Number:		

Temperature Log – taken 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 microchipped</small>	TIME	DAY 1	DAY 2	DAY 3	Date of 1 st Hendra Virus Vaccination

Please tick the nights you will be camping

Mon	Tues	Wed	Thurs	Fri	Sat	Sun



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

I declare that the horse/s named above has/have been in good health, eating normally and have not shown signs of illness during the last three days leading up to this event. I give my authorisation for the Event Organising Committee/Biosecurity 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 abovementioned horse/s as a result of this veterinary examination.

I AGREE TO ENSURE THAT:

1. All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing property of origin.

I FURTHER DECLARE THAT:

2. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
3. I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager.
4. I acknowledge that in failure to comply, I may be directed to leave the event and my nominations will be forfeited.
5. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Biosecurity Manager.
6. 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 occurrence including policies and procedures in effect at that time. I agree and acknowledge that the Biosecurity 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:

Print Name:

Date: