



Equestrian Queensland Horse Health Declaration



Event: _____

Date: _____

Owner or person in charge of horse/s

Full name:			
Full address: (residential or business)			Postcode:
Phone number:		Fax number:	
Email:			

Property of Origin of Horses

Full address: (property name, number, street, town)			
			Postcode:
QDPI PIC number: _ _ _ _ _	Waybill/Movement Document No.:		

Horses Reg. Name	Description/Sex	Brand/Microchip	Breed	Has the horse been HeV vaccinated?

Continue over the page if travelling with more than 4 horses

Are you stabling horse/s overnight (Please circle) YES NO
Please tick the nights you will be stabling.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Travelling Details

Date left property of origin:		Date returning to property of origin:	
Is the horse travelling to other destinations where it will be spending time off transport during the trip?		Please circle: YES NO	
Give details of all destinations including addresses and PIC numbers where possible			

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 abovementioned horses as a result of this veterinary examination.

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 should be in a clean condition at the start of travel to the above mentioned 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 EQ rules and regulations and Event organisers.
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 EQ Judiciary / Disputes Committee.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse including feeding and watering as a result of any movement of horses to the Event/Farm.

Signature

Name

Date

Horse Listing Continued

Event: _____

Date: _____

Horses Reg. Name	Description/Sex	Brand/Microchip	Breed	Has the horse been HeV vaccinated?

Signature

Date

Name