



Horse Health Declaration



EVENT Name:.....

Owner or person in charge of horse

Date:

Full name:			
Full address: (residential)		Postcode:	
Phone number:		Mobile number:	
Email:			

Property of Origin of Horses

Full address: if different to above	Postcode:
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QDPI PIC number:

No of Stock	Breed	Description/Sex	Microchip No	Registered name	Stable Name
Eg Only	Thoroughbred	Chestnut gelding	939000005624631	May Lodge Fudge	Fudge

Continue over the page if travelling with more than 5 horses

Are you stabling horse/s overnight? (Please tick)

Yes

No

Please tick the nights you will be stabling.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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 shown signs of illness during the last 3 days leading up to the above mentioned EQ event . I give my authorisation for the designated EQ 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 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.

Signature

Name

Date