



Horse Health Declaration

To be completed and handed in on day of Classification/Event

Event Date

Owner or person in charge of horse/s

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		

Property of Origin of Horse If more than one property of origin please complete multiple forms.

Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Registered Name of Horse	Sex	Brand/Microchip	Is your horse vaccinated for Hendra Virus (HeV)?	If yes, list the last date of vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 this event. I give my authorisation for HHSA Organising Committee 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 above mentioned horses as a result of this veterinary examination.



Horse Health Declaration

I agree to ensure:

- 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. All horses described are free of cattle ticks before entering the stud stop/venue.
- All vehicles (where applicable) and equipment accompanying the horse(s) will be in a clean condition at the start of travel to the above mentioned event. All appropriate permits and waybills have been completed and accompany the horse(s) (where applicable).
- In the event of horse movement restrictions, I will be responsible for the care, maintenance and cost of my horse(s) including feeding and watering.
- I agree to abide by all conditions and directions of the HHSA rules and regulations and tour organisers.
- I acknowledge that failure to comply with the above may result in refusal of entry to the stud stop/venue with disqualification or other disciplinary action as decided by the HHSA Officials/Committee.
- The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.

Signature

Date

/

/

List additional horses below

Registered Name of Horse	Sex	Brand/Microchip	Is your horse vaccinated for Hendra Virus (HeV)?	If yes, list the last date of vaccination