



Hanoverian Horse Society of Australia (HHS)
GPO Box 2039, Brisbane, Qld, Australia, 4001.
Web: www.hanoverian.org.au
Email: hanoverian@hanoverian.org.au

HORSE HEALTH DECLARATION to be completed and handed in on day of Classification/Event.

Event: Anna Sophie Fiebeklorn Dressage Clinic May 2014

Date: \_\_\_\_\_

Owner or person in charge of horse/s

Form with fields: Full name, Full address (residential or business), Postcode, Phone number, Fax number, Email.

Property of Origin of Horses

Form with fields: Full address (property name, number, street, town), Postcode.

If more than one property of origin please complete multiple forms – See Attached

Table with 5 columns: Horses Reg. Name, Description/Sex, Brand/Microchip, Is your horse HeV vaccinated?, Is this vaccination current (date of last vaccination)?

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 HHS 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 abovementioned horses as a result of this veterinary examination.

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 HHS 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 HHS Officials/Committee.
• The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.

Signature: Owner(s) Person in Charge

Print Name: Owner(s) Person in Charge

Date:



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*List additional horses here on this page.*

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Signature: Owner(s) Person in Charge \_\_\_\_\_

Print: Name Owner(s) Person in Charge \_\_\_\_\_

Date: \_\_\_\_\_