

Horse and Rider Health Declaration

Full name (owner/person in attendance)

Address of above

Email

Mobile/Phone number

Property of Origin (if different)

PIC Number from property

PIC Number of destination

Official Horse Name (nominated name)	Breed	Description /Sex	Brand /Microchip	Hendra Vacc Date Y/N	

If staying overnight, please state inclusive dates: _ / _ / _ to / /

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 showing signs of illness during the last 3 days leading up to attendance to this event today. I give my authorisation for the designated 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 cleaned.
2. All vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to the 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 Organising Committee
5. I acknowledge that failure to comply with the above may result in refusal of entry to the grounds.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.

	Yes	No
Temperature: (Normal range 36.1° C – 37.5° C)		
Has anyone in your vehicle returned from or been in contact with anyone returning from overseas or interstate within the last 14 days		
Has anyone in your vehicle have any Flu like symptoms		
Has anyone in your vehicle been self-isolating or quarantined in the past 14 days		
Have you downloaded the COVID safe app.		

All persons entering the grounds must be listed, even if not a participant.

Name	Membership		Adult	Child
	Full	Day		

Signature

Name

Date
