



HORSE HEALTH DECLARATION

Event Organiser: Clydesdale & Heavy Horse Field Days Assoc. Inc. **Event Name:** Gatton Heavy Horse Field Days
Event Venue: Gatton Show Grounds. **Event Date:** 4th & 5th May 2024
Cnr Woodlands Rd & Golf Link Dr, Gatton, Qld 4343

Person responsible for Horse/s:

Residential address: _____

Phone: _____ Mobile: _____ Email: _____
 Property of origin of _____ Property of origin PIC: _____
 Horses address: _____ (Property Identification Code) _____ Vehicle Rego No: _____ Movement
 commenced: ___/___/___ am/pm Waybill (permit no) _____

Registered Name of Horse	Stable Name	Sex	Breed	Colour	Brand	Microchip Number	Hendra Vaccinated Y/N	Event Stable No:
1.								
2.								
3.								
4.								
5.								
6.								

Continue on additional page if travelling with more than five horses.

Are you stabling overnight? YES/NO Date & time of arrival at Event: ___/___/___ am/pm Planned departure: ___/___/___ am/pm

After the Event are the horses returning to the property of origin? YES/NO Destination address: _____

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 three (3) days leading up to this event. I give my authorisation for the Event Organising Committee/Manager/Event Biosecurity Officer hereinafter referred to as Event Organisers, 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.

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 & equipment accompanying the horse/s will be cleaned to remove all solid material that could contain disease agents and then disinfected.

I FURTHER DECLARE THAT:

3. The information contained in this DECLARATION is true and correct to the best of my knowledge.
4. I agree to abide by all conditions that may be imposed at any time by the Event Organisers.
5. I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited.

6. I acknowledge that decontamination and disinfection procedures may be required of me
7. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movement and if necessary horses and premises will be quarantined in accordance with any Legislation covering such occurrences including policies and procedures in effect at that time.
8. I agree and acknowledge that the Event Organisers, it's state and/or National Affiliated bodies and their Members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to the Event.

NAME: _____ SIGNATURE: _____ DATE: _____