



# Horse and Participant Health Declaration

Full name (owner/person in attendance) .....

Address of above .....

Email ..... Mobile/Phonenumber .....

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 stabling 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 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 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 venue; disqualification or other Disciplinary action as decided by Pony Club Association of Queensland or the event organising committee.
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.

Full Name:	Yes	No
<b>Club:</b>		
<b>Temperature:</b> (Normal range 36.1° C – 37.5° C)		
Have you returned from or been in contact with anyone returning from overseas within the last 14 days		
Have you any Flu like symptoms		
Have you been self-isolating or quarantined in the past 14 days		
Have you downloaded the COVID safe app.		

\_\_\_\_\_ Signature \_\_\_\_\_ Name \_\_\_\_\_ Date