

Horse Health Declaration 2016
Brookfield Horse and Pony Club Inc

Full name of horse owner or person in charge.....

Address of horse owner or person in charge

Email.....**Mobile/landline phone number**.....

Address and PIC of property where horse kept/agisted.....

Address and PIC of property or properties to which horse is moved:

550 Brookfield Road/46 Boscombe Road Brookfield PIC QJBB0368.....

Official horse name	Breed	Colour and sex	Microchip	Date of last Hendra vaccination

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 THAT:

- 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;
- all vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to the event;
- the information contained in this Horse Health Declaration is correct to the best of my knowledge;
- I will comply with all conditions and directions of the Organising Committee;
- failure to comply with these terms 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;
- if there are horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.

Signature.....**Name**.....**Date**.....