

**HORSE HEALTH DECLARATION FORM**

Redlands & Southern Districts Equestrian Group Inc



|   |       |                                  |  |
|---|-------|----------------------------------|--|
| <b>EVENT NAME</b>                                   |       | <b>DATE</b>                      |  |
| <b>OWNER OF HORSE/S</b>                             |       |                                  |  |
| FULL NAME   |       |                                  |  |
| FULL ADDRESS<br><i>(inc. suburb)</i>                |       | POSTCODE:                        |  |
| EMAIL   |       |                                  |  |
| PHONE   |       |                                  |  |
| <b>PERSON IN CHARGE OF HORSE/S ONSITE</b>           |       |                                  |  |
| FULL NAME   |       |                                  |  |
| FULL ADDRESS<br><i>(inc. Suburb)</i>                |       | POSTCODE:                        |  |
| EMAIL   |       |                                  |  |
| PHONE ON SITE                                       |       |                                  |  |
| <b>PROPERTY OF ORIGIN OF HORSE/S</b>                |       |                                  |  |
| FULL ADDRESS<br><i>(if different to above)</i>      |       | POSTCODE:                        |  |
| PIC NUMBER<br><i>(Property Identification Code)</i> |       | Waybill / Movement Document No.: |  |
| DATE & TIME OF ARRIVAL AT EVENT:                    | DATE: | TIME:                            |  |
| DATE & TIME OF PLANNED DEPARTURE:                   | DATE: | TIME:                            |  |
| <b>PROPERTY HORSE/S RETURNING TO FROM QSEC</b>      |       |                                  |  |
| FULL ADDRESS<br><i>(if different to above)</i>      |       | POSTCODE:                        |  |
| PIC NUMBER<br><i>(Property Identification Code)</i> |       | Waybill / Movement Document No.: |  |

| <b>HORSE DESCRIPTION</b> |                         |                         |                                |             |                                      |                                       |
|--------------------------|-------------------------|-------------------------|--------------------------------|-------------|--------------------------------------|---------------------------------------|
|                          | DESCRIPTION/SEX         | MICROCHIP/ BRAND        | REGISTERED NAME                | STABLE NAME | Is Hendra Vaccination Current? (Y/N) | PIC of Origin (if different to above) |
|                          | <i>eg Pinto Gelding</i> | <i>9390000005624631</i> | <i>B &amp; W Face Value II</i> | <i>Oreo</i> | <i>N</i>                             |                                       |
| 1                        |                         |                         |                                |             |                                      |                                       |
| 2                        |                         |                         |                                |             |                                      |                                       |
| 3                        |                         |                         |                                |             |                                      |                                       |
| 4                        |                         |                         |                                |             |                                      |                                       |

# YOUR HORSE MUST BE HEALTHY TO BE AT

## Healthy horses at rest have:

- temperature of 36.5–38.5°C
- clear eyes, a normal stance, no nasal discharge
- hydration (pinch test) time of 1-2 seconds.

## DECLARATION BY OWNER OR PERSON IN CHARGE OF HORSE/S

I declare that the aforementioned horse/s named has/have been in good health, eating normally and not showing signs of illness during the 3 days leading up to attendance at this event. I give my authorisation for the designated RASDEG or Event Organising Committee Representative 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. I will not bring a sick horse to RASDEG.
2. In the event that my horse does become sick whilst at RASDEG or that I call a Vet for any purpose to visit my horse whilst at RASDEG, I will advise RASDEG organisers or representatives immediately, and will move my horse to the Isolation area as per RASDEG's Biosecurity process.
3. I wash my hands regularly and observe good biosecurity practices whilst at RASDEG
4. 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.
5. All vehicles/equipment accompanying the horses will be in a clean condition at the commencement of travel to RASDEG.
6. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
7. I agree to abide by all conditions and directions of RASDEG or the event organiser.
8. 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 RASDEG or the event organisers.
9. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and premises may be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time.
10. In the event of horse movement restrictions, each owner/person in charge will be responsible for the care, maintenance and cost of their horse/s, including feeding and watering.
11. I agree and acknowledge that the Venue (RASDEG) 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 Venue and/or Event.

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

|    | DESCRIPTION/SEX      | MICROCHIP/ BRAND        | REGISTERED NAME                | STABLE NAME | Hendra Vaccinated (Y/N) | PIC of Origin (if different to above) |
|----|----------------------|-------------------------|--------------------------------|-------------|-------------------------|---------------------------------------|
| eg | <i>Pinto Gelding</i> | <i>9390000005624631</i> | <i>B &amp; W Face Value II</i> | <i>Oreo</i> | <i>N</i>                |                                       |
| 5  |                      |                         |                                |             |                         |                                       |
| 6  |                      |                         |                                |             |                         |                                       |
| 7  |                      |                         |                                |             |                         |                                       |