Biosecurity Horse Health Declaration

EVENT NAME: Woolooga Old Coach Trail Ride – 3257 Bauple-Woolooga Rd, Woolooga Q 4570 (PIC: QKKK0081)	**DATE:**
OWNER OR PERSON IN CHARGE OF HORSE/S	
FULL NAME:	
FULL ADDRESS:	
EMAIL:	
PHONE (MOBILE):	
PROPERTY OF ORIGIN OF HORSE/S	
FULL ADDRESS (if different to above)	
PIC NUMBER (Property Identification Code)	

	REGISTERED NAME	Description /sex	MICROCHIP – BRAND	BREED	PIC OR ORIGIN IF DIFFERENT THEN ABOVE	HENDRA VIRUS VACCINATION. Is it current YES/NO
1						
2						
3						
4						
5						

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 sign of illness during the last 3 days leading up to this event. I give my authorisation for the Event Organising Committee/Manager 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 abovementioned horse/s as a result of this veterinary examination.

I DECLARE THAT:

1. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
2. I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Manager.
3. I acknowledge that in failure to comply, I may be directed to leave and my nomination will be forfeited.
4. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Manager.
5. I acknowledge that there is a possibility that horse/s might become infected with disease agents as a result of any movements and, if necessary horse/s and premises will be quarantined in accordance with any Legislation covering, its' State 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 horse/s to the Event/Farm.

Signature	Name	Date