

ARABIAN HORSE ASSOC (QLD) INC. (AHAQ) HORSE HEALTH DECLARATION

EVENT NAME		DATE
OWNER OR PERSON IN CHARGE OF HORSE/S		Waybill/Movement Document Number:
FULL ADDRESS (inc Suburb, Postcode)		
EMAIL		
PHONE (MOBILE)		
PROPERTY OF ORIGIN OF HORSE/S		
FULL ADDRESS OF PROPERTY (if different to above)	Postcode :	
PIC NUMBER (Property Identification code)		
Are you Stabling Horses Overnight? (Please Circle)	YES	NO
If Stabling please list Dates		

	REGISTERED NAME	DESCRIPTION/ SEX	MICROCHIP/ BRAND	PIC OF ORIGIN IF DIFFERENT FROM ABOVE	HENDRA VIRUS VACCINATION CURRENT Y/N
1					
2					
3					

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 3 days leading up to this event. I give my authorization for the Event Organising Committee or LIEC 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 for the abovementioned horses as a result of this veterinary examination

I AGREE TO ENSURE THAT:

1. All horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and wash with shampoo.
2. All vehicles and equipment accompanying the horses will be cleaned and remove all solid material prior to the commencement of Travel to the Lockyer Indoor Equestrian Centre Association Inc.
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 and Directions imposed at any time by the LIEC or the Event 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 the LIEC or the event Organisers.
6. I acknowledge that there is a possibility that the horses might become infected with disease agents as a result of any movements 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. I agree and acknowledge that neither The LIEC Or Event Organising Committee, 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 my horses to the Event.
7. 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.

SIGNATURE:

NAME:

DATE:

HORSE LISTING CONTINUED

	REGISTERED NAME	DESCRIPTION/ SEX	MICROCHIP/ BRAND	BREED	PIC OF ORIGIN IF DIFFERENT FROM ABOVE	HENDRA VIRUS VACCINATION CURRENT Y/N
4						
5						
6						
7						
8						
9						
10						
11						
12						

