

## 2018 Biosecurity Horse Health Declaration

<b>EVENT NAME</b>		2018 Aquis Champions Tour			
<b>ARRIVAL DATE</b>				<b>DEPARTURE DATE</b>	
<b>ARE THE HORSES LISTED BELOW STAYING ONSITE FOR THE DURATION OF THE EVENT?</b>					Yes / No
<b>IF NOT STAYING ONSITE, ARE THE HORSES RETURNING EACH DAY TO THE PIC LISTED BELOW? IF NO, YOU WILL NEED TO COMPLETE A NEW HHD FOR EACH DAY OF COMPETITION</b>					Yes / No
<b>COMPETITOR'S NAME</b>					
<b>OWNER/ PERSON IN CHARGE OF HORSE/S</b>					
<b>HOME ADDRESS</b>					
				<b>POSTCODE</b>	
<b>PHONE (MOBILE)</b>		<b>EMAIL</b>			
<b>VEHICLE REGISTRATION NUMBER</b>					
<b>PROPERTY OF ORIGIN OF HORSE/S</b>					
<b>FULL ADDRESS (if different from above)</b>		Elysian Fields - 3042 Beaudesert Nerang Rd			
		Boyland QLD		<b>POSTCODE</b>	
				4275	
<b>PIC NUMBER (Property Identification Code)</b>		<b>Q B B D 2781</b>			
<b>ARE YOU CROSSING ANY TICK LINES TO ATTEND THIS EVENT?</b>		YES / NO	<b>IF YES, WHAT MEASURES HAVE YOU TAKEN TO ENSURE TICKS ARE NOT CARRIED ACROSS THESE LINES?</b>		
<b>DETAILS OF ALL HORSES YOU ARE BRINGING ONTO THE GROUNDS</b>					
#	HORSE'S REGISTERED NAME	DESCRIPTION / SEX	MICROCHIP/BRAND	PIC OF PROPERTY HORSE IS RETURNING TO (IF DIFFERENT FROM ABOVE)	CURRENT HENDRA VIRUS VACCINATION Yes/No
1				Q _ _ _ _ _	
2					

**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 five days leading up to this event. I give my authorisation for the Event Organising Committee/Biosecurity 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 horses as a result of this veterinary examination. I agree that should my horse at any time become sick at the event I will advise the event organisers immediately.

I AGREE TO ENSURE THAT:

**1. All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing property of origin.**

I FURTHER DECLARE THAT:

2. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.

3 I agree to abide and those people that are assisting me on the day, by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager.

4. I acknowledge that in failure to comply, or those people that are assisting me on the day fail to comply, may be directed to leave the event and my nominations will be forfeited.

5. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Biosecurity Manager.

6. 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 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 the Biosecurity Manager/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 horses to the event/farm.

..... (Signature) .....(Name) / / (Date)



# 2016 Biosecurity Horse Health Declaration

## HORSE LISTING CONTINUED

DETAILS OF ALL HORSES YOU ARE BRINGING ONTO THE GROUNDS					
#	HORSE'S REGISTERED NAME	DESCRIPTION / SEX	MICROCHIP/BRAND	PIC OF PROPERTY HORSE IS RETURNING TO (IF DIFFERENT FROM ABOVE)	CURRENT HENDRA VIRUS VACCINATION Yes/No
3				Q _ _ _ _ _	
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14					

**Declaration by owner or person in charge of horse/s attending:**

I declare that the information on page 1 of this Horse Health Declaration is true and correct to the best of my knowledge for the horses listed above.

..... (Signature) .....(Name) / / (Date)