



QUEENSLAND AGRICULTURAL SHOWS HORSE HEALTH DECLARATION

Name of Event/Activity _____ Date _____

Owner or person in charge of horse/s			
Full Name			
Property Address			
	Postcode		
Phone		Mobile	
E-mail			

Property of Origin of Horse/s	
Property of Origin Address	
	Postcode

Are the horses being stabled overnight at this event? YES NO

Please complete details of horse/s overleaf

Declaration by owner or person in charge of horse/s

I, _____, declare that the horse/s named on this declaration has/have been in good health, eating normally and have not shown signs of illness during the last 3 days leading up to the above event. I give authorisation for designated Stewards to call for veterinary inspection of the horse/s named on this declaration and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay veterinary fees incurred as a result of this callout.

I AGREE TO ENSURE THAT:

1. 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.
2. All vehicles and equipment accompanying the horses should be in a clean condition at the start of travel to the above mentioned event.
3. The information contained in the Horse Health Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions and directions of the Agricultural Societies and QCAS rules and regulations.
5. I acknowledge that failure to comply with the above may result in refusal of entry to the venue, disqualification of other disciplinary action as decided by the Societies Management Committee.
6. In the event of horse movement restrictions, each participant will be responsible to the care, maintenance and cost of their horse including feeding and watering.

Print Full Name: _____

Signature: _____ Date: _____

Please complete details of horse/s overleaf.

