Horse Health Declaration

EVENT NAME.....DATE ……..

Owner or Person in charge of Horses/Dogs

Full name:	
Full address:	**Postcode:**
Phone number:	**(Home)** **(Mobile)**
Email:	

Property of Origin of Horses/Dogs - QDPI PIC number- _____

Full address: if different to above					
Breed	Colour	Sex	Brand or Microchip	Registered/Stable Name	Riders name

Are you yarding horse/s overnight? **(Please Circle)** **YES** **NO**

CAMPING PAID - (Please Circle) **YES** **NO**

Please circle the nights you will be yarding.
Monday **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**

Declaration by owner or person in charge of horse/s and/or dog/s.

I,…..... declare that the animals named above has/have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to the above mentioned event. I give my authorisation for the designated Steward 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. If required before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will 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 mentions event.
3. The information contained in this 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 Rules and Regulations and Event organisers.
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 Judiciary / Disputes Committee.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse including feeding and watering.

Signature_____ Date_____

Updated JULY 2026