



Horse Health Declaration

EVENT: _____

Owner and/or person in charge of horse – Please provide details of both if different

FULL NAME: _____

FULL ADDRESS: (Residential) _____

_____ Postcode: _____

Phone Number: _____ Mobile Number: _____

Property of Origin of Horses Full Address: if different to above: _____

PIC Number: _____

BREED	DESCRIPTION/SEX	MICROCHIP NO/BRANDS	REGISTERED NAME	STABLE NAME	Has the horse been HeV? Date of Currency
<i>Eg: Thoroughbred</i>	<i>Chestnut/Gelding</i>	<i>939000005624631</i>	<i>May Lodge Fudge</i>	<i>Fudge</i>	<i>Yes/No</i>

Owner and/or person in charge of horse – Please provide details of both if different

DATE: _____

FULL NAME: _____

FULL ADDRESS: (Residential) _____

_____ Postcode: _____

Phone Number: _____ Mobile Number: _____

Declaration by owner or person in charge of horse/s

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 authorisation for the Event committee/TD to call for veterinary inspection of the horse/s named above, 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 veterinary examination.

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 shall be in a clean condition at the start of travel to the above mentioned 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 AHHA 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 AHHA NSW Judiciary / Disputes Committee.
6. In the event of horse movement restrictions, each participant will be responsible for the full care, maintenance and cost of their horse including feeding, agistment and veterinary costs.

Signature _____ Printed Name _____ Date _____

This section for event organizers to complete