

Signed

## **Horse Health Declaration**



	r person in ch	arge of horse - Please	provide details of both	if different	Date:	
Full name:						
Full address: (residential			Postc	ode:		
Phone number:		Mobile number				
Email:		·	·	·		
	rigin of Horse	S				
Full address: if above	different to					
		Postcode:				
PIC number:	l	Tag: 1: N/		G. 11 N		
Breed	Description/ Sex	Microchip No/ Brands	Registered name	Stable Name	Has the horse been HeV vaccinated? If so date of currency	
Thoroughbred	Chestnut gelding	9390000005624631	May Lodge Fudge	Fudge		
Are you stabling	g horse/s overnig	ht? (Please tick)	Yes	No		
Declaration l	oy owner or po	erson in charge of ho	orse/s			
the last 3 days le the horse/s nam	eading up to this oned above, should	d above has / have been i event . I give my authoris I they be showing signs of result of this veterinary o	ation for the Event com f illness at any time dur	mittee/TD to call f	or veterinary inspection o	
I AGREE TO ENS	SURE THAT:					
clean of all 2. All vehicles	solid material an and equipment a	nt, all horses will be sham ad washed with shampoo. accompanying the horses	_		_	
mentions e  3. The inform		n this Horse Health Decla	aration is true and corre	act to the best of m	v knowledge	
<ul><li>4. I agree to a</li><li>5. I acknowle</li></ul>	bide by all condit dge that failure to	tions and directions of the	e PCA NSW rules and re may result in refusal of	egulations and Ever	, c	
6. In the even	it of horse moven		rticipant will be respon	sible for the full ca	re, maintenance and cost	
Signature		Printed Name	Printed Name		Date	
This section for The above horse shows any	r event organize	ers to complete a visual check and at this	stage is deemed to be fi	it to enter the venu	e. If at a later time this	

Printed Name