

**Horse Health Declaration & Movement Record**

Record No:

**Event Details**

Event Name: Ridgелands Cutting Show

Name of Event Organisers: Rocky Cutting Club Inc. Contact Details: rockycuttingclub@hotmail.com

Date of Event:

Proposed Movement Dates Start Date: End Date:

**Owner or Person In Charge of Horse/s**

Full Name:

Full Address:

Email:

Mobile Ph No:

**Property Of Origin Of Horse/s**Full Address  
(If different to above)

Property PIC Number:

**Destination of Horse/s**

Venue Name: Ridgелands Show &amp; Rodeo Grounds

Venue Address: Dalma Ridgелands Road, Ridgелands Qld 4702

Venue PIC Number: QEFR1338

**Horse/s Identification Details**

<u>Registered Name</u>	<u>Sex</u>	<u>Colour</u>	<u>Brands</u>	<u>Hendra Vaccination Current (Yes/No)</u>

**Declaration (to be completed by the person in charge of horse/s, as above)**

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 Organising Committee/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 above mentioned horses as a result of this veterinary examination.

**I further declare that:**

1. My horse/s and vehicle/s will be presented at this event, clean and free from any disease agents.
2. The information contained in this Biosecurity Declaration & Movement Record is true and correct to the best of my knowledge.
3. I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Manager.
4. I acknowledge that failure to comply, may result in me being directed to leave 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/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.
7. I agree and acknowledge that the Event Manager/Organising Committee, it's 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 this event.

Signature

Date