



Equestrian Queensland Horse Health Declaration



Event: _____

Date: _____

Full Name:			
Full Address: (Residence or Business)			
Phone Number:		Mobile:	

Property of Origin of Horses

Full Address: (property name, number, street, town)			

QDPI PIC number					Way bill / Movement Document No:
Horses Reg. Name	Description / Sex	Brand / Microchip	Breed	Has the horse been HeV vaccinated?	

Continue over the page if travelling with more than 4 horses

Are you stabling horse/s overnight (please tick yes/no and nights stabling)					YES	NO
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

Travelling Details

Date left property of origin		Date Returning to property of origin	
Is the horse travelling to other destinations where it will be spending time off transport during the trip?	Please Tick	YES	NO

Give details of all destinations including addresses and PIC numbers where possible

Declaration by owner or person in charge of horse/s attending

I, _____ declare that the horse/s named above has / have been in good health, Eating normally and shown no 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 abovementioned horses as a result of this veterinary examination.