



**EQUESTRIAN  
QUEENSLAND**

## Equestrian Queensland Horse Health Declaration



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Event: \_\_\_\_\_

Date: \_\_\_\_\_

**Owner or person in charge of horse/s**

Full name:			
Full address: (residential or business)			Postcode:
Phone number:		Fax number:	
Email:			

**Property of Origin of Horses**

Full address: (property name, number, street, town)			
			Postcode:
QDPI PIC number:	Waybill/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 circle)                      YES    NO

Please tick the nights you will be stabling.

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 circle: 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 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 abovementioned horses as a result of this veterinary examination.