



**Kilkivan Great Horse Ride Association Incorporated**  
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**KILKIVAN QLD 4600**

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# Horse Health Declaration

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Event PIC (QDPI): QCKK3002

## Owner or person in charge of the horse(s)

Full Name:			
Full Address:			P/code:
Phone Number:	Home:	Mobile:	
Email Address:			

## Property Information (one form per property please)

Full Address:		
	State:	P/code:
PIC (QDPI) Property Identification Code		

## Horses Details

Horses Name Stable/Registered	Breed	Description Colour/Markings	Sex M/F	Brand and/or Microchip No	Hendra Vaccinated

## Declaration by Owner/Responsible Person of horses

I, \_\_\_\_\_ declare that the horses(s) stated above has/have been in good health, eating normally and has/have not shown any signs of illness in the past 3 days leading up to the above mentioned event. I give my authorisation for the event organising committee to call for veterinary inspection of the horse(s) as declared above and in my care should they show or start to show signs of illness at any time during the course of this event. I agree to pay any and all veterinary fees incurred as a result of this.

### I AGREE TO ENSURE THAT:

- All horses that are accompanying me have been thoroughly cleaned and washed with shampoo prior to arrival, their feet are cleaned and picked free from solid material and washed with shampoo.
- All vehicles and equipment accompanying the horses should be in a clean condition and prior to arrival are free from seeds and solid material.

### I FURTHER DECLARE THAT:

- The information supplied in this bio-security declaration is true and correct to the best of my knowledge
- I agree to abide by all conditions that may be imposed at any time by the event organising committee.
- I agree to abide by all directions given by the event organising committee and acknowledge that by failing to comply with all directions and conditions I may be asked to leave the event and any nominations may be forfeited.
- I acknowledge that there is the possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and the premises will be quarantined in accordance with any legislation covering such occurrences' including any policies and procedures in effect at the time of the occurrence. I agree and acknowledge that the event organising committee, its state governing body or national governing bodies and their members are not in any way liable for any cost, expenses, loss, damage, claims or action proceeding or any other liability incurred by or made against me as a result of any movement of horse/s to or from this event.
- In the event of horse movement restrictions, I am responsible for the care, maintenance, and any costs incurred for my horse/s including feeding and watering.

\_\_\_\_\_  
Signature of person filling in the form

\_\_\_\_\_  
Full Name of person filling in the form

\_\_\_\_\_  
Date