

**HORSE HEALTH DECLARATION FORM**

*\*Must be handed in on entry to QSEC site, all areas must be completed\**



<b>EVENT NAME</b>		<b>DATE</b>	
<b>OWNER OF HORSE/S</b>			
FULL NAME			
FULL ADDRESS <i>(inc. suburb)</i>		POSTCODE:	
EMAIL			
PHONE			

<b>PERSON IN CHARGE OF HORSE/S ONSITE</b>			
FULL NAME			
FULL ADDRESS <i>(inc. Suburb)</i>		POSTCODE:	
EMAIL			
PHONE ON SITE			

<b>PROPERTY OF ORIGIN OF HORSE/S</b>			
FULL ADDRESS <i>(if different to above)</i>		POSTCODE:	
PIC NUMBER <i>(Property Identification Code)</i>		Waybill / Movement Document No.:	
DATE & TIME OF ARRIVAL AT EVENT:	DATE:	TIME:	
DATE & TIME OF PLANNED DEPARTURE:	DATE:	TIME:	

<b>PROPERTY HORSE/S RETURNING TO FROM QSEC</b>			
FULL ADDRESS <i>(if different to above)</i>		POSTCODE:	
PIC NUMBER <i>(Property Identification Code)</i>		Waybill / Movement Document No.:	

<b>HORSE DESCRIPTION</b>						
	DESCRIPTION/SEX	MICROCHIP/ BRAND	REGISTERED NAME	STABLE NAME	Is Hendra Vaccination Current? (Y/N)	PIC of Origin (if different to above)
eg	Pinto Gelding	9390000005624631	B & W Face Value II	Oreo	N	
1						
2						
3						
4						

*See reverse for additional horses*

Do you have a dog with you?	YES		NO	
If yes, is the dog in good health?	YES		NO	
<b>DOGS MUST BE KEPT UNDER EFFECTIVE CONTROL AT ALL TIMES AND ARE NOT PERMITTED IN THE MAIN ARENA.</b>				
Are you stabling horse/s overnight? (Please tick)	YES		NO	
If stabling, please list dates:				

# YOUR HORSE MUST BE HEALTHY TO BE AT QSEC

Healthy horses at rest have:

- temperature of 36.5–38.5°C
- clear eyes, a normal stance, no nasal discharge
- hydration (pinch test) time of 1-2 seconds.

**BY SIGNING THIS FORM YOU ALSO  
ACKNOWLEDGE THAT YOU ARE NOT  
PERMITTED TO BRING GLASS ONSITE TO  
ANY PART OF THIS VENUE, INCLUDING THE  
STABLES & CAMPGROUNDS.**

**DECLARATION BY OWNER OR PERSON IN CHARGE OF HORSE/S**

I declare that the aforementioned horse/s named has/have been in good health, eating normally and not showing signs of illness during the 3 days leading up to attendance at this event. I give my authorisation for the designated QSEC or Event Organising Committee Representative 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 as a result of this.

**I AGREE TO ENSURE THAT:**

1. I will not bring a sick horse to QSEC.
2. In the event that my horse does become sick whilst at QSEC or that I call a Vet for any purpose to visit my horse whilst at QSEC, I will advise QSEC staff immediately
3. I wash my hands regularly and observe good biosecurity practices whilst at QSEC
4. If required, before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed with shampoo.
5. All vehicles/equipment accompanying the horses will be in a clean condition at the commencement of travel to QSEC.
6. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
7. I agree to abide by all conditions and directions of QSEC or the event organiser.
8. I acknowledge that failure to comply with the above may result in refusal of entry to the venue; disqualification or other disciplinary action as decided by QSEC or the event organisers.
9. 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 may be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time.
10. In the event of horse movement restrictions, each owner/person in charge will be responsible for the care, maintenance and cost of their horse/s, including feeding and watering.
11. I agree and acknowledge that the Venue (QSEC) 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 the Venue and/or Event.

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**Signature** **Name** **Date**

	DESCRIPTION/SEX	MICROCHIP/ BRAND	REGISTERED NAME	STABLE NAME	Hendra Vaccinated (Y/N)	PIC of Origin (if different to above)
eg	<i>Pinto Gelding</i>	<i>9390000005624631</i>	<i>B &amp; W Face Value II</i>	<i>Oreo</i>	<i>N</i>	
5						
6						
7						
8						
9						

*Privacy Statement*

*MBRC and the QSEC are collecting your personal information for the purpose of complying with legislative obligations to track horse ownership, health and movement. MBRC and QSEC are authorised to collect this information by the Biosecurity Act 2014.*