



Australian Stock Horse

The Australian Stock Horse Society Limited

Biosecurity Horse Health Declaration

Event Name: _____ Event Date/s: _____
 Arrival Date: _____ Departure Date: _____

MEMBER DETAILS (PERSON IN CHARGE OF HORSE/S)

Full Name: _____
 Address (Residential): _____
 Town/Suburb: _____ Postcode: _____
 Phone: _____ Mobile: _____
 Email: _____ Fax: _____

HORSE DETAILS

	ASHS Registered Horse Name	Property Address Prior Event	PIC	Hendra Vac.	Microchip No.	Property Address Post Event*	PIC
eg	CECIL BRUCE - IS HSH	48 Guernsey St. Scone NSW	XX123456	Y	1234567891234	48 Guernsey St. Scone NSW	XX123456
1							
2							
3							

See reverse for additional horses.

*If different to "Prior Event Address" please list name of the Responsible Person: _____

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 above mentioned horse/s as a result of this veterinary examination.

I agree to ensure that:

- 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.
- All vehicles and equipment accompanying the horses will be cleaned to remove all solid material that could contain disease agents, and then disinfected.
- As a Queensland horse owner, the procedures outlined in the Queensland Biosecurity Manual have been undertaken to reduce the risk of spreading cattle ticks and the horse/s are tick free.

I further declare that:

- The information contained in this Biosecurity 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/Manager.
- I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited.
- I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Manager.
- 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. I agree and acknowledge that the Manager/Event 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 the Event.

Signature _____

Date _____



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*If different to "Prior Event Address" please list name of the Responsible Person: _____