



## **To ALL Qld Polocrosse Members**

### **RE:- Horse Health Declaration Requirement**

The recent occurrence of Hendra Virus in the State has again brought to the attention of horse owners the need to be vigilant concerning disease causing agents and to adopt measures to ensure the health of horses are not impacted.

To ensure competitors and horse owners can attend the Polocrosse Tournaments, the QPA Management Committee has implemented the requirement to declare the health of all horse/s that will be located at all polocrosse tournament venues.

Competitor and horse owners are requested to complete the attached Horse Health Declaration FOR EVERY EVENT YOU ATTEND and hand it to the host club organisers who will keep them on file at the club.

The QPA Management Committee have decided to make this a compulsory requirement for all competitors and horse owners.

It must be remembered you are making a declaration concerning your horse's health.

Any questions/queries can be directed to the QPA office 46323045 or the State President – Eric Beresford 0417 790 094.

Issued on behalf of the QPA Management Committee  
15/7/2011



## Biosecurity Declaration

### Health of Horses Attending Polocrosse Tournaments

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

<b>Full name:</b>			
<b>Full address:</b> (residential or business)			<b>Postcode:</b>
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Email:</b>			

#### Property of Origin of Horses

<b>Full address:</b> (property name, number, street, town)			<b>Postcode:</b>
<b>QDPI PIC number:</b>	<b>Waybill/Movement Document No.:</b>		

<b>Number</b> Eg:	<b>Breed</b> Thoroughbred	<b>Description/Sex</b> Chestnut Gelding	<b>Brand</b> ACC N/sh	<b>Horse Name &amp; registered name</b> Fudge -----

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

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 QPA Management Committee 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 veterinary examination.

#### I AGREE TO ENSURE THAT:

1. 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.
2. All vehicles and equipment accompanying the horses will be cleaned to remove all solid material that could contain disease agents, and then disinfected.

#### I FURTHER DECLARE THAT:

3. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions that may be imposed at any time by the QPA Management Committee.
5. I acknowledge that failure to comply I may be directed to leave and my nominations will be forfeited.
6. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by QPA Management Committee / members.
7. 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 Australian Polocrosse Association, the QPA Management Committee and its 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 Polocrosse tournaments

Signature: ..... Date: ...../...../.....