



BEAUDESERT SHOW SOCIETY

Horse Health Declaration

<i>Full Name of Owner or Person in charge of horse/s</i>	<u>Full Name:</u>
	<u>Full Address:</u>
	<u>Postcode:</u>
	<u>Phone Number:</u>
	<u>Email:</u>

<i>Property Origin of Horse/s</i>	<u>Full Address:</u>					
	<u>Postcode:</u>					
	QDPI PIC Number:					
	• <i>Please note below if your horse has received the Hendra Vaccine</i>					
	Breed	Description/Sex	Brand/ Microchip No.	Hendra Vaccine Yes/No	Official Horse Name	Stable Name

Are you stabling horse/s overnight? YES / NO				
<i>Please fill in the day and date you will be stabling.</i>				

Declaration by owner or person in charge of horse/s

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 the Beaudesert Agricultural Show. I give my authorisation for the designated Chief Steward 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. 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.
2. All vehicles and equipment accompanying the horses should be in a clean condition at the start of travel to the Beaudesert Show.
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions and directions of the Beaudesert Show Chief Steward.
5. 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 the BSS Judiciary / Disputes Committee.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse including feeding and watering.

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