

**NPHA HORSE HEALTH DECLARATION FORM (Print form, complete & sign, and hand in at the entrance gate to SIEC.**

**Event Name: EquinePure NPHA Celebration Show 2024      Date: \_\_\_\_\_**

**Owner of person in charge of horse/s**

<b>Full Name</b>			
<b>Full Address (residential)</b>			<b>Postcode</b>
<b>Phone</b>			<b>Mobile</b>
<b>Email</b>			

**Property of origin of horse/s**

<b>Full Address</b>			<b>Postcode</b>	<b>QLD TICK GATES</b>
<b>PIC Number</b>		<b>Waybill/ Movement Document No.</b>	<b>Sprayed YES OR NO</b>	

<b>Horse Registered Name</b>	<b>Colour</b>	<b>Sex</b>	<b>Breed</b>	<b>Brand/s</b>	<b>Mircochip No.</b>

*Continue on additional page if travelling more than 5 horses.*

**Declaration by owner or person in charge of horse/s attending**

I hereby declare that the horses in my care have been in good health, eating normally and have 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 event. I agree to pay any veterinary fees incurred for the above-mentioned horses as a result of this veterinary examination.

I hereby declare the following:

- All vehicles and equipment accompanying the horses will be cleaned to remove all solid material that could contain disease agents, and then disinfected.
- The information contained in this 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 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 .....