

# Armidale & New England Show Society Horse Health Declaration

EVENT NAME				DATE	
COMPETITOR'S NAME			COMPETITOR'S PIC		
OWNER OR PERSON IN CHARGE OF HORSE/S					
HOME ADDRESS					
				POSTCODE	
PHONE (MOBILE)			EMAIL		
VEHICLE DESCRIPTION & REGISTRATION NUMBER					
<b>PROPERTY OF ORIGIN OF ANIMAL/S</b>					
FULL ADDRESS (if different from above)					POSTCODE
PIC NUMBER (Property Identification Code)					
<b>DETAILS OF ALL ANIMALS YOU ARE BRINGING ONTO THE GROUNDS</b>					
#	ANIMALS REGISTERED NAME	DESCRIPTION/SEX	MICROCHIP/BRAND	PIC OF PROPERTY ANIMAL IS RETURNING TO (IF DIFFERENT FROM ABOVE)	Henda vaccination
1					
2					
3					

**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 three days leading up to this event. I give my authorization for the Armidale Show Society Biosecurity Officer 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 abovementioned horses as a result of this veterinary examination.

I AGREE TO ENSURE THAT:

**All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing property of origin.**

I FURTHER DECLARE THAT:

1. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
2. I agree to abide by all conditions that may be imposed at any time by the Armidale & New England Show Society.
3. I acknowledge that in failure to comply, I may be directed to leave the event and my nominations will be forfeited.
4. 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.

.....  
Signature

.....  
Name

/ /  
Date