

# HORSE MOVEMENT / HORSE HEALTH DECLARATION



<b>Name &amp; Address of Person in Charge of Horse/s Being Travelled:</b>	
<b>Phone</b>	<b>Email</b>
<b>Date</b>	<b>Signature</b>
<b>PROPERTY OF ORIGIN</b> <i>Address (including 'Name of place' if applicable) of the holding, saleyard or place of departure of the designated animal/s</i>	
<b>DESTINATION</b> <i>Including name of place/event if applicable</i>	
<b>PIC Number</b>	
<b>Name of Person Receiving Horse/s</b> <i>If horses are being received by another person</i>	
<b>IMPORTANT</b> <b>What Type of Movement is This?</b> (Tick Box)	<input type="checkbox"/> 1. Movement From Cattle Tick Free Zone Into Cattle Tick Infected Zone <input type="checkbox"/> 2. Movement Within Cattle Tick Free Zone <input type="checkbox"/> 3. Movement From Cattle Tick Infected Zone Into Cattle Tick Free Zone (if you tick box 3 please refer to next question) <input type="checkbox"/> 4. Movement Within Cattle Tick Infected Zone
<b>If This Movement is From Cattle Tick Infected Zone into Cattle Tick Free Zone:</b> <i>How did you ensure horse/s are tick free?</i>	

	Registered Name	Breed	Sex	Identification Marks	Property Identification Code (PIC)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**This section only needs to be filled out if attending an event**

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 five days leading up to this event. I give my authorisation for the Event Organising Committee/Biosecurity 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 abovementioned horses as a result of this veterinary examination. I agree that should my horse at any time become sick at the event I will advise the event organisers immediately.

I AGREE TO ENSURE THAT: 1. 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: 2. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge. 3. I agree to abide and those people that are assisting me on the day, by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager. 4. I acknowledge that in failure to comply, or those people that are assisting me on the day fail to comply, may be directed to leave the event and my nominations will be forfeited. 5. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/ Biosecurity Manager. 6. 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 & premises will be quarantined in accordance with any legislation covering such occurrences including policies & procedures in effect at that time. I agree and acknowledge that the Biosecurity Manager/Event Organising Committee, its State or National Affiliated bodies & 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/farm.

Name: ..... Signature: ..... Date: .....