

Horse Health Declaration



Owner and/o	r person in <mark>ch</mark>	arge of horse - Please	provide details of both	if different	Date:	
Full name:						
Full address: (residential			Posto	ode:		
Phone number:		Mobile number				
Email:			nami	oci -		
	rigin of Horse	s				
Full address: if above	different to					
			Postcode:			
PIC number:	T	I		T =		
Breed	Description/ Sex	Microchip No/ Brands	Registered name	Stable Name	Has the horse been HeV vaccinated? If so date of currency	
Thoroughbred	Chestnut gelding	9390000005624631	May Lodge Fudge	Fudge		
Are you stabling	g horse/s overnig	ht? (Please tick)	Yes	No		
Declaration l	by owner or pe	erson in charge of ho	orse/s			
the last 3 days le the horse/s nam	eading up to this oned above, should		ation for the Event com f illness at any time dur	mittee/TD to call fo	own signs of illness during or veterinary inspection o se event. I agree to pay	
I AGREE TO ENS		result of this veter mary	cxammation.			
		t, all horses will be sham		wed to dry, and thei	r hooves will picked	
	s and equipment a	d washed with shampoo. accompanying the horses		dition at the start of	f travel to the above	
3. The inform4. I agree to a5. I acknowle	nation contained in the state of the state o		e PCA NSW rules and re may result in refusal of	egulations and Even		
6. In the even	it of horse moven	ed by PCA NSW Judiciary nent restrictions, each pa ling, agistment and veter	rticipant will be respon	sible for the full can	re, maintenance and cost	
Signature		Printed Name		Date		
The above horse	r event organize e has undergone a y symptoms whic	ers to complete a visual check and at this h may pose a biosecurity	stage is deemed to be fi risk this horse will be i	it to enter the venuere-accessed and ma	e. If at a later time this y be quarantined.	
		_				
Signed Printed Name					-	