



# AGRICULTURAL SHOW SOCIETIES COUNCIL OF NSW

(T/A NSW AG SHOWS)

## HORSE HEALTH BIOSECURITY DECLARATION

EVENT NAME		DATE		
COMPETITOR NAME		COMPETITOR PIC		
OWNER / PERSON IN CHARGE OF HORSE/S				
HOME ADDRESS				
PHONE (MOBILE)	EMAIL			
VEHICLE DESCRIPTION		REGISTRATION NUMBER		
<b>PROPERTY OF ORIGIN OF HORSE/S</b>				
ADDRESS (if different from owner address)				
<b>DETAILS OF ALL HORSES BROUGHT ONTO THE GROUNDS</b>				
Horses Registered Name	Description/ Sex	Microchip/Brand	PIC of Property Horse is returning to	Vaccinations i.e. Hendra, Strangles, Tetanus
E.g. Roger Rabbit	Bay / Gelding	1 ov 4 o.sh Arrow n.sh		

Are these horses remaining on grounds overnight? \_\_\_\_\_

### Declaration to be completed by owner or person in charge of horse/s listed above:

I, \_\_\_\_\_ declare that the horse/s listed above, to the best of my knowledge, is/are of a fitness standard suitable for the event and healthy. I agree that if found to be otherwise it/they will not be allowed to compete at this event. I give my authorisation for \_\_\_\_\_ Show Society Biosecurity Officer or other authorised Show Society representative to call for a veterinary inspection of the horses listed above and in my care if they show signs of illness at anytime they are at this event. I understand my horse/s may be quarantined within the designated stable/yard biosecurity quarantine area if a veterinary inspection is deemed to be necessary. I agree to pay any veterinary fees incurred for the abovementioned horses as a result of this veterinary inspection.

### I FURTHER DECLARE THAT:

- Any stock travelling from interstate has been inspected/sprayed (if required) at the \_\_\_\_\_ DPI border crossing.
- The information contained in this Horse Health biosecurity declaration is true and correct to the best of my knowledge.
- I acknowledge that there is a possibility that horse/s might become infected with disease as a result of any movements and if necessary, horses and the event grounds will be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time.
- I acknowledge that, in the event of horse movement restrictions and/or quarantine each owner/person in charge will be responsible for the full care, maintenance and cost of their horse including feeding, agistment and veterinary costs if required.

*This form must be signed and dated, the day of the event*

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date: \_\_\_\_\_