



# Horse Movement Record & Horse Health Declaration

## Event Details

<i>Event Name</i>	<i>Arrival Date</i>
<i>Event Location</i>	<i>Departure Date</i>

## Primary Person Responsible for Horse/s

<b>Select that apply</b>	
<input type="checkbox"/> Owner of Horses	<input type="checkbox"/> Borrowing/Leasing Horses <input type="checkbox"/> Rider
<i>Name</i>	
<i>Phone</i>	<i>Email</i>

I declare that the horse/s named on the attached horse declaration has/have been in good health, eating normally and has /have not shown signs of illness during the last 3 days leading up to this event. I give my authorization for the Club/Event Committee to call for veterinary inspection of the horse/s named and in my care should they be showing signs of illness at any time. I agree to pay any veterinary fees incurred for the below mentioned horses as a result of this veterinary examination.

### I AGREE TO ENSURE THAT:

Prior to arrival at the Event Location, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material.

Prior to arrival at the Event Location, all vehicles and equipment accompanying the horses will be cleaned and any solid material removed, the vehicle will then be disinfected.

### I FURTHER DECLARE THAT:

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 Club/Event and venue.

I acknowledge that in failure to comply, I may be directed to leave the property and I may be referred to APF for consideration of disciplinary action.

I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Club/Event Committee or venue.

I acknowledge there is a possibility that the horses might become infected with disease agents as a result of any movements. If necessary horses and premises will be quarantined in accordance with any legislation or direction of government authority covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that the Club/Event Committee, venue, its State or 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 my horses to the Event.

<i>Signature</i>	<i>Date</i>
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## Horse Movement Record & Horse Health Declaration

### Trip Itinerary / Transporter Declaration

#### Departure to event:

Home property address	PIC	Horses Loaded
<i>Example – 473 Richmond Rd, Richmond NSW</i>	<i>923828</i>	<i>Loaded 1, 2, 3, 4, 5, 6 &amp; 7</i>

#### Stop offs:

Stop details (including address)	PIC	Horses Loaded/Unloaded (Reference Schedule of Horses)	Type of Stop
<i>Example – Stop 1 – 42 Richmond Rd, Richmond NSW</i>	<i>923827</i>	<i>Unloaded 5 6</i>	<i>Unload</i>
<i>Example – Stop 2 – Dubbo Showgrounds</i>		<i>All Horses</i>	<i>Rest Stop</i>

#### Event arrival:

Arrival address	PIC	Horses Unloaded
<i>Example – Windsor Polo Club, 303 Old Kurrajong Road, NSW 2753</i>	<i>923826</i>	<i>Unloaded 1, 2, 3, 4 &amp; 7</i>

#### Post event:

Intended address after the event	PIC	Horses
<i>Example – 473 Richmond Rd, Richmond NSW</i>	<i>923828</i>	<i>1, 2, 3, 4 &amp; 7</i>



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### Tick Prevention Measures Taken:

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I DECLARE THAT:

As the transporter of the horses detailed in this form I declare that the best of my knowledge they are all in good health.

<i>Signature</i>	<i>Date</i>
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If transporter is different to person responsible for horses at event please provide details below:

<i>Name</i>	
<i>Phone</i>	<i>Email</i>

