



Queensland Agricultural Shows Horse Health Declaration

Name of Event/Activity: **Rockhampton Agricultural Show**

Date:

Owner or person in charge of horse/s			
Full name:			
Property Address:			
		Postcode:	
Phone:		Mobile:	
Email:			

Property of Origin of horse/s	
Property of Origin Address:	
	Postcode:

Are horses being stabled overnight at this event?

YES

NO

Please complete details of horse/s overleaf

Declaration by owner or person in charge of horse/s

I, _____ declare that the horse/s named on this declaration has / have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to the above event. I give authorisation for designated Stewards to call for veterinary inspection of the horse/s named on this declaration and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay veterinary fees incurred as a result of this callout.

I AGREE TO ENSURE THAT:

1. If required before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles and equipment accompanying the horses should be in a clean condition at the start of travel to the above mentioned event.
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions and directions of the Agricultural Societies and QCAS rules and regulations.
5. I acknowledge that failure to comply with the above may result in refusal of entry to the venue, disqualification or other disciplinary action as decided by the Societies Management Committee.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse including feeding and watering.

Privacy Statement

7. Rockhampton Regional Council deals with your personal information in accordance with law including the Information Privacy Act 2009. Some of this information may be given to relevant departments for contact tracing in the case of an outbreak or control of bio security issues.

Print full name

Signature

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Date

Please complete details of horse/s overleaf

