

HORSE HEALTH DECLARATION

Please complete this form and hand into the secretary's office the day you arrive for competition.

Owner or person in charge of horse

Full name:			
Full address: (Residential or business)			
Phone number:		Mobile:	
Email:			

Property of Origin of Horse/s

Full address: (property name, number, street, town, state)					
PIC Number:					
No. of Stock	Breed	Description/Sex	Brand/Microchip number	Official Horse Name	Stable Name

Continue over the page if travelling with more than 10 horses.

Please tick the nights you will be stabling.

Arrival Date to Condamine sports grounds	
Departure Date from Condamine sports grounds	

Declaration by owner or person in charge of horse/s

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 3 days leading up to the Condamine Campdraft. I give my authorization for the designated Committee Member 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 as a result of this.

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 Condamine Campdraft.
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 Condamine Campdraft Committee.
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 Judiciary/Disputes Committee.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.

Signature

Name

Date: