

Horse Health Declaration Form – SCATER



Owner or person in charge of horse/s
 Date of arrival
 Date of departure

Full Name:					
Full Address					
Ph. No: Mobile No:					
Email:					
Property of Origin of Horse/s					
Full Address					
QLD DPI PIC					
Destination Details					
Full Address					
QLD DPI PIC					
No of Stock	Breed	Description/ Sex	Brand and Microchip	Official horse name	Hendra Vaccinated
					Y or N
					Y or N
					Y or N

Are you camping horse/s overnight? (Please tick) **Yes** **No**

Health 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 attendance to this SCATER event today. I give my authorisation for the designated steward 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 STATE THAT :-

1. **All vehicles and equipment accompanying the horses were in a clean condition at the start of travel to this event.**
2. **The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.**
3. **I agree to abide by all conditions and directions of the SCATER Committee.**
4. **Failure to comply with the above may result in refusal of entry to the venue, disqualification or other disciplinary action as decided by the Committee.**
5. **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.**

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Signature **Name** **Date**