

# Horse Health Declaration – Noosa Country Show

**Owner or person in charge of horse**

**Date of Arrival:** \_\_\_\_\_

<b>Full name:</b>			
<b>Full address:</b> (residential or business)			
	<b>Postcode:</b>		
<b>Phone number:</b>		<b>Mobile number:</b>	
<b>Email:</b>			

**Property of Origin of Horses**

<b>Full address:</b> (property name, number, street, town)			
	<b>Postcode:</b>		

**QDPI PIC number:**

No of Stock	Breed	Description/Sex	Brand/Microchip number	Official Horse Name	Stable Name

Are your horse/s remaining on the grounds overnight?

Yes

No

(Please tick)

Registration of your Vehicle: \_\_\_\_\_

**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 the Noosa Country Show. 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 the Noosa Country Show.
2. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
3. I will abide by all conditions and directions of the Noosa Show Society 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 including feeding and watering.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date