



Horse Health Declaration

Please complete one form per horse

EVENT DETAILS

Event Name	
Event Date	

HORSE DETAILS

Horse Name			
Colour		Sex	
AERA Logbook		Microchip No	

DETAILS OF OWNER OR PERSON IN CHARGE OF THE HORSE

Full Name			
Residential Address			
State		Postcode	
Mobile		Email	

PROPERTY OF ORIGIN OF THE HORSE IMMEDIATELY PRIOR TO TRAVEL

Full Property Address (if different to above)			
State		Postcode	
Local Government Area			
PIC No. (Property Identification Code)			
Other relevant State Travel Document No.			

PROPERTY OF ORIGIN OF THE HORSE IMMEDIATELY AFTER THE EVENT

Full Property Address (if different to above)			
State		Postcode	
Local Government Area			
PIC No. (Property Identification Code)			
Other relevant State Travel Document No.			

TEMPERATURE LOG REQUIREMENTS

Day	Date	Temp (°C)	Time Taken
1			
2			
3			
4			
5			

Day	Date	Temp (°C)	Time Taken
6			
7			
8			
9			
10			

For FEI events a 3-day x 2 temperature/day log is required and needs to be submitted via the FEI’s Horse App. For further information please check out the FEI’s Horse Health Requirements webpage at: <https://inside.fei.org/fei/yourrole/veterinarians/biosecurity-movements/horse-health>.

DECLARATION BY OWNER OR PERSON IN CHARGE OF HORSE

I, declare that the horse named above has been in good health, eating normally and not shown signs of illness during the last 7 days leading up to this event. I give my authorisation for the Event Organising Committee/Manager to call for veterinary inspection of the horse named above, and in my care, should they be showing signs of illness at any time during the event. I agree to pay any veterinary fees incurred for the abovementioned horse as a result of this veterinary examination.

I AGREE that on the day prior to or on the day of travel:

1. The horse will be shampooed, rinsed and allowed to dry, and its hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles and equipment accompanying the horse will be cleaned to remove all solid material that could contain disease agents, and then disinfected.

I FURTHER DECLARE THAT:

3. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Manager.
5. I acknowledge that if I fail to comply, I may be directed to leave the ride base and my nominations will be forfeited.
6. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Manager.
7. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary, horses and premises will be quarantined in accordance with any Legislation covering such occurrences including policies and procedures in effect at that time.

I agree and acknowledge that the Manager/Event Organising Committee, 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 horses to the Event/Farm.

Name	
Signature	
Date	

This Horse Health Declaration must be duly completed and signed and accompany the vehicle transporting the horse to the ride base. This document must be presented to the relevant ride base authorities as and when directed by your relevant Division guidelines.