AUSTRALIAN CARRIAGE DRIVING SOCIETY QUEENSLAND BRANCH INC.

ACDSQB **Horse Health Declaration**

for

EVENT: .....

DATE: .....

Owner or person in charge of horse

Full name:			
Full address: (residential or business)		**Postcode:**	
Phone number:		**Mobile number:**	
Email:			

Property of Origin of Horses

Full address: (property name, number, street, town)		**Postcode:**	
Registered Property Identification Code (PIC):			

Description of Horse/s

No of Stock	Breed	Description/Sex	Brand/Microchip number	Registered Horse Name	Stable Name
Example Only	*Thoroughbred*	*Chestnut gelding*	*Near shoulder-ABC*	*Mayville Lodge Caramello*	*Fudge*
1.					
2.					
3.					
4.					
5.					

Attach another page if travelling with more than 5 horses

Are you stabling horse/s overnight? (Please tick) ❑ Yes ❑ No

Please tick (and date) the nights you will be stabling.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Declaration by owner or person in charge of horse/s

I (Full Name), ... declare that the horse/s described above has/have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to the above mentioned ACDS event. I give my authorisation for the designated ACDSQB/Affiliated Club Committee member to call for veterinary inspection of the horse/s named above 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 horse/s will be shampooed, rinsed and allowed to dry, and their hooves will picked clean of all solid material and washed.
2. All vehicles and equipment accompanying the horse/s should be in a clean condition at the start of travel and on entry 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 Event Committee/Organisers and rules and regulations of the ACDS.
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.
6. All appropriate permits and waybills have been completed and accompany the horse/s.
7. 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 Event Committee/ACDSQB.

Signature _____ Name _____ Date _____