# Biosecurity Horse Health Declaration/Movement Record

**Name of Event/Activity:** Warwick Gold Cup Campdraft & Rodeo **Date:** _____

| **OWNER OR PERSON IN CHARGE OF HORSE/S** | |
|---|---|
| FULL NAME: | |
| HOME ADDRESS: | |
| POSTAL ADDRESS: | |
| EMAIL: | |
| PHONE: | MOBILE: |

| **PROPERTY OF ORIGIN OF HORSE/S** | |
|---|---|
| FULL ADDRESS: (if different to above) | |
| PIC NUMBER: (Property Identification Code) | |
| Event PIC NUMBER: (Property Identification Code) | **QBWW0121** |
| Destination PIC NUMBER: (Property Identification Code) If not returning to original PIC nominated above | |

**DETAILS OF ALL HORSES BEING BROUGHT ONTO THE GROUNDS** (USE ADDITIONAL SHEETS AS REQUIRED)

| CLASS NO. | REGISTERED NAME | SEX | MICROCHIP/BRAND | CURRENT HVV Yes/No | ENTRY FEE $ |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are horses being stabled overnight at this event? YES NO

**Declaration by owner or person in charge of horse/s attending:**

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 this event. I give my authorisation for the Event Organising Committee/Manager 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 for the above mentioned horses as a result of this veterinary examination.

**I AGREE TO ENSURE THAT PRIOR TO ARRIVAL:**

1. All horses will be shampooed, rinsed and allowed to dry, and their hooves will have been picked clean of all solid material and washed with shampoo.

2. All vehicles and equipment accompanying the animals 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 and Movement Record 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. I also agree to abide by and accept the regulations as printed in the schedule and make these entries subject to such regulations and rules of the committee.
5. I acknowledge that in failure to comply, I may be directed to leave 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. All horses described above are free of cattle ticks before entering the event.
8. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary animals and premises will be place on a restricted list 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, it's 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.

**PLEASE COMPLETE THE CATTLE TICK RISK MINIMISATION REQUIRMENTS**

State the cattle tick risk minimisation requirements that have been met for horse/s entering the Event/Activity

| | | |
|---|---|---|
| Horse/s are *(Select One)* | ☐ | From Cattle Tick Free Area of Queensland or from interstate |
| | ☐ | From Cattle Tick Infested Area of Queensland or from Infested Land and the Horse/s has been manually inspected and is tick free<br>☐ No cattle, deer, bison and buffalo on the property of origin, or<br>☐ Cattle, deer, bison and buffalo on the property of origin but horse/s isolated from other animals. |
| | ☐ | From Cattle Tick Infested Area of Queensland or from Infested Land and the Horse/s has been manually inspected and is tick free and have received a Chemical treatment<br>Treatment: _____ Method of Treatment: _____ Date: _____<br>*(Chemical used)* *(Spray)* |
| | ☐ | From Cattle Tick Infested Area of Queensland or from Infested Land and the Horse/s is stable and groomed and must:<br>• Be led and tractable<br>• Be manageable<br>• Have been groomed regularly (daily) for a period of 35 days<br>• At all times, be kept a minimum of 10 metres from the nearest cattle, deer, bison and buffalo. |

Signature _____ Date _____

NOTE: It is recommended to keep a copy of this form by the owner or person in charge of horse/s and event committee for a minimum of 5 years.