



“Koobah”
95 Spains Lane,
KINGSWOOD NSW 2340
TRHA Clinic and Show Forms



Horse Health Declaration Form

Form to be completed by ALL riding participants and be returned no later than 3 days prior to event.

Names of RIDERS covered by this form:	Name of OWNER (if different to rider):
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OWNER OR PERSON IN CHARGE OF HORSE

Full Address	
Email	
Phone (Mobile)	

PROPERTY OF ORIGIN OF HORSE(S)

FULL ADDRESS OF PROPERTY (if different to above)					
PIC NUMBER (Property Identification code)					
Will Horse be returning to property of origin Y /N If No Address:					
	Registered Name	Description/Sex	Brand/Micro chip	PIC of origin	Hendra Virus Vaccine Y/N
1					
2					
3					
4					

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 7 days leading up to this stay and/or event. I give my authorization for Koobah Performance Horses, its staff and representatives and/or the Event 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 stay and/or event. I agree to pay any veterinary fees incurred for the abovementioned horses as a result of this veterinary examination

I AGREE TO ENSURE THAT:

1. **If required** before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and wash with shampoo.
2. All vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to above mentioned property and/or event.

I FURTHER DECLARE THAT

3. The information contained in this 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 Koobah Performance Horses, its staff and representatives and the Event Manager.
5. I acknowledge that in failure to comply, I may be directed to leave, and any nominations will be forfeited.
6. In the event of horse movement restrictions, each participant will be responsible for the full care, maintenance and cost of their horse(s) including feeding, agistment and veterinary costs.
7. I acknowledge that there is a possibility that the 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 Koobah Performance Horses, its staff and representatives, the Manager/Event Organizing 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 my horses to the Property and/or event.

SIGNATURE: NAME: DATE: