

Horse Health Declaration



Event Name: _____

Date: _____

Owner or person in charge of horse

Full Name:			
Full Address: (Residential)			Postcode:
Phone Number:		Mobile No:	
Email:			

Property of Origin of Horses

Full Address: If different to above		Postcode:.....
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QDPI PIC Number:	
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Temperature Log –Taken for 3 days prior to ride (morning and night)

Horses Name	Sex	Microchip No.	Wednesday		Thursday		Friday	
			M	N	M	N	M	N

Continue over the page if travelling with more than 5 horses

Are you camping with horse/s overnight? (Please tick)

Yes	No

Please tick the nights you will be camping:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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 above mentioned SCATER event. I give my authorisation for the designated Official 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.



Horse Health Declaration

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 washed with shampoo.
2. All vehicles and equipment accompanying the horses should be in a clean condition at the start of travel 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 SCATER rules and regulations and Event Organisers.
5. 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 SCATER Officials.
6. 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:

Temperature Log –Taken for 3 days prior to ride (morning and night) – Cont'd

Horses Name	Sex	Microchip No.	Day:		Day:		Day:	
			M	N	M	N	M	N