



Australian Warmblood Horse Association Limited

ABN 56 063 906 150

Queensland Branch

Email: qld@awha.com.au

HORSE HEALTH DECLARATION

Event Name: QLD AWHHA Gala Day – 16th June 2012.

Owner or Person in charge of Horse:

Full Name:			
Full Address: (Residential)			
Phone Number:		Mobile Number:	
Email address:			

Declaration by owner or person in charge of horse/s

I, declare that the horse/s named below 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 AWHHA event . I give my authorisation for the designated AWHHA Official to call for veterinary inspection of the horse/s named below 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.

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 AWHHA 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 the AWHHA 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: _____

Australian Warmblood Horse Association Limited

ABN 56 063 906 150

Queensland Branch

Email: qld@awha.com.au



Property of origin of Horse(s):

Full Address: (if different to above)					
QDPI PIC Number:					
No of Stock	Breed	Description / Sex	Brand / Microchip No	Registered Name	Stable Name
Eg;	Warmblood	Chestnut Mare	123456789	May Lodge Fudge	Fudge

Are you stabling Horse(s) overnight? Please tick ->

Yes ☐

No ☐

Please tick the nights you will be stabling:

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday