

## AGRICULTURAL SHOW SOCIETIES COUNCIL OF NSW

(T/A NSW AG SHOWS)

## HORSE HEALTH BIOSECURITY DECLARATION

EVENT NAME				DATE	
COMPETITOR NAME			COMPETITO	OR PIC	
OWNER / PERSON IN CHARGE OF HORSE/S HOME ADDRESS					
PHONE (MOBILE)		EMAIL			
VEHICLE DESCRIPTION			REGISTRATION NUMBER		
	PROPERTY OF	F ORIGIN OF H			
ADDRESS (If different from owner address)					
	DETAILS OF ALL HORSES	S BROUGHT ON	TO THE GROUNDS	S	
Horses Registered Name  E.g. Roger Rabbit	Description/ Sex Bay / Gelding	Microchip/Brand  1 ov 4 o.sh Arrow n.sh		PIC of Property Horse is returning to	Strangles,
					Tetanus
Are these horses remaining	ing on grounds overnight	t?			
Declaration to be comp	oleted by owner or perso	on in charge	e of horse/s list	ted ahove:	
I.	•	C			of my lmoviloda
,	suitable for the event and h			oove, to the best to be otherwise i	
allowed to compete at this	event. I give my authorisat	tion for		Show So	ciety Biosecurit
	Show Society representative		• •		
· · · · · · · · · · · · · · · · · · ·	w signs of illness at anytime ignated stable/yard biosecu:	-		-	-
_	ny veterinary fees incurred				
inspection.					J
I FURTHER DECLARE	ЕТНАТ:				
<ol> <li>Any stock travelling</li> <li>The information con</li> <li>I acknowledge that the and if necessary, how occurrences including</li> <li>I acknowledge that,</li> </ol>	g from interstate has been inspatiation in this Horse Health bid here is a possibility that horse reses and the event grounds will appolicies and procedures in each in the event of horse movementall care, maintenance and cost	osecurity declaries of might become the declaries of the	aration is true and ne infected with d ed in accordance v me. and/or quarantine	correct to the best lisease as a result of with any legislation each owner/perso	of my knowledge of any movements in covering such in in charge will b
This form must be signed	d and dated, the day of th	ne event			
Signed		P1	rint Name		
Date:					
ruic.					