Burpengary Western Performance Club

Horse and Participant Health Declaration

Date of Arrival _____

Full name (owner/person in attendance) _____

Address of above _____

Email_____ **Mobile/Phone number** _____

Property of Origin (if different) _____

PIC Number from property_____ PIC Number of destination_____

Official Horse Name (nominated name)	Breed	Description/Sex	Brand/Microchip	Hendra Vacc Y/N	Date

If stabling overnight, please state inclusive dates: ……/……../…….. to ……../……../……..

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 showing signs of illness during the last 3 days leading up to attendance to this event today. I give my authorisation for the designated steward 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.

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 will be in a clean condition at the start of travel to the 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 Organizing Committee

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 event organizing committee.

6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering

HUMAN HEALTH DECLARATION.

Full Name:	TICK RESPONSE **Yes**	**No**
Circle which applies COMPETITOR STRAPPER PARENT/CARER		
Club: **Attendee Address**:		
Do you live within the QLD Border Bubble? (Note this is like say Tweed Heads or Mungindi)		
Have you been exposed to a person with COVID – 19 within the preceding 14 days		
Have you been exposed to a person who has travelled internationally within the preceding 14 days		
Have you travelled from outside the approved QLD designated areas in the last 14 days		
Have you been tested for COVID – 19 and are awaiting test results		
Do you have any symptoms of COVID – 19 such as • Fever • Flu like symptoms Coughing, sore throat, Fatigue or shortness of breath		
Have you downloaded the COVID safe app.		

_____ _____ _____

Signature *Name* *Date*