

## Horse Health Declaration

Required for Booking of SCRDA Facilities (PIC Q BSC 0452)

<b>Hirers Full Name:</b>	<b>Hire Date:</b>		
<b>Hirers Address:</b>	<b>Post Code:</b>		
<b>Phone:</b>	<b>Email:</b>		
<b>Arrival Time:</b>		<b>Departure Time:</b>	
<b>Vehicle Registration:</b>	<b>Club:</b>		
<b>Name, Address, Ph. # of Attending Coach:</b>			

<b>Property of Origin of Horse(s):</b>
As above: <input type="checkbox"/>
PIC Number: Q

<b>Details of all Visiting Horses:</b>				<b>If more than 2 see over the page.</b>	
#	Registered Name of Horse:	Breed - Gelding (G) Mare (M)	Microchip / Brand:	PIC of property returning to if different to above:	Current Hendra Virus Vaccination:
1					YES / NO Date:
2					YES / NO Date:

### Declaration:

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 three days leading up to this visit. I give authorisation for SCRDA 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 on SCRDA property. 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. All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing the property of origin.

### I further declare that:

2. The information supplied in this Biosecurity Declaration is true and correct to the best of my knowledge.
3. I agree to abide by the conditions of hire agreement.
4. I acknowledge that in failure to comply I may be asked to leave SCRDA property and forfeit any payments.
5. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the SCRDA Biosecurity Manager.
6. I acknowledge there is a possibility that 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 the time. I agree and acknowledge that the Biosecurity Manager and SCRDA 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 horses to the Centre.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please PRINT Your Name:** \_\_\_\_\_

Queensland Health requires businesses keep a register of contact details for all attendees on their premises to assist with contact tracing in the event of a COVID-19 outbreak.

If requested, this information must be provided to public health officers.

The information will be securely stored and not used for any other purpose.

Contact tracing information must include:

- full name
- email address (residential address if not available)
- phone number
- date of entry
- time period (time in and time out)

Please PRINT Visitor Full Name and Phone Number:	Visitor Email Address or Residential Address:

<b>Details of all Visiting Horses:</b>					
#	Registered Name of Horse:	Breed - Gelding (G) Mare (M)	Microchip / Brand:	PIC of property returning to - if different to above:	Current Hendra Virus Vaccination:
3					YES / NO Date:
4					YES / NO Date:
5					YES / NO Date:
6					YES / NO Date:
7					YES / NO Date:
8					YES / NO Date:
9					YES / NO Date:
10					YES / NO Date: