

**Horse Movement Record 2021**

**Please give this document, together with your Temperature Log, and any other requested information, to the Event Manager or their representative, upon arrival at the Event Base**

PIC = Property Identification Code PoO = Property of Origin

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner /  Responsible Person |  | | | |
| Home address |  | | | |
| Mobile No |  | Email |  | |
| Address of PoO if different |  | | | |
| PIC number of PoO |  | |  | |
| Address of destination property (event) |  | | | |
| PIC number of destination Prop. (event) |  | |  | |
| If horse not returning to same property, give address of other prop. |  | | | |
| PIC number of other property |  | |  | |
| Arrival at event date |  | | Departure from event date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Horse name** Please print clearly | **Sex** | **Colour** | **Microchip number** | **Last HeV Vax date** | **Other Vaxes + Date** |
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I declare that the horse(s) named above have been in my care and have been in good health, eating normally and not showing any signs of illness in the 3 days prior to travel.

I agree that if these horse(s) require veterinary treatment then I will pay the associated expenses.

I agree to ensure that: 1) before travel all horses will be shampooed, rinsed and dried, and will have their hooves picked clean of solid material and rinsed with shampoo; 2) all vehicles and equipment will be in a clean condition at the start of travel; 3) the information in this declaration is true and correct to the best of my knowledge; 4) I will abide by all conditions and directions.

I understand that: 1) failure to comply may result in refusal of entry; 2) in the event of horse movement restrictions to or from the event I will be responsible for the care, maintenance, feeding and watering of the horses in my care and the costs associated with same.

**Owner / Responsible Person**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_