Horse Movement Record

Please give this form, 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	Forestry Station, Pechey Forestry Rd, Pechey			
PIC number of PoO	N/A			
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**

Cattle tick minimisation

Detail what procedures you have followed to ensure your horse(s) are tick free.

Declaration

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 declare that these horses have been thoroughly –

- Visually inspected for three days prior to travel, and on the day of travel, for any signs of or presence of cattle ticks; and
- Manually inspected for three days prior to travel, and on the day of travel - through the mane and forelock, neck, chest, belly, tail, between and under the legs and armpits;
- And that any ticks found were removed and killed.

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 _____ / _____ / _____