



Declaration by owner or person in charge of horse/s attending:

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 event. I give my authorisation for the Event Organising Committee/Biosecurity Manager 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 for the above mentioned horses as a result of this veterinary examination.

I AGREE TO ENSURE THAT:

Owner or person in charge of horse/s

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify):			
Contact Name:		Arrival Date:	Departure Date
Company / Association:			
Home Address:			
Locality / Suburb:		State:	Postcode:
Contact Phone / Mobile :		Contact Fax:	
Email Address:		Vehicle Registration:	

Property of Origin of Horse/s

Full Address: (if different from above)		State:	Postcode:
PIC NUMBER (Property Identification Code)	Q _ _ _ _ _		

Details of all horses you are bringing onto the grounds

#	HORSE'S REGISTERED NAME	DESCRIPTION/SEX	MICROCHIP/BRAND	PIC OF PROPERTY HORSE IS RETURNING TO (IF DIFFERENT FROM ABOVE)	CURRENT HENDRA VIRUS VACCINATION YES/NO
1				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indemnity:

- All horses, vehicles and equipment accompanying horse/s will be clean and free of solid material (that could contain disease agents) prior to departing property of origin.
- I FURTHER DECLARE THAT:
- The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
 - I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager.
 - I acknowledge that in failure to comply, I may be directed to leave the event and my nominations will be forfeited.
 - I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Biosecurity Manager.
 - I acknowledge that 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 that time. I agree and acknowledge that the Biosecurity Manager/Event Organising Committee, its State or National Affiliated bodies and their members 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 event/farm.

Signature:	Applicant Name:	Date:
------------	-----------------	-------



HORSE LISTING CONTINUED

Details of all horses you are bringing onto the grounds

#	HORSE'S REGISTERED NAME	DESCRIPTION/SEX	MICROCHIP/BRAND	PIC OF PROPERTY HORSE IS RETURNING TO (IF DIFFERENT FROM ABOVE)	CURRENT HENDRA VIRUS VACCINATION YES/NO
5				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
7				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
8				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
9				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
11				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
12				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
13				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
14				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
15				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
16				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
17				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
18				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
19				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No
20				Q _ _ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indemnity:

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 property of origin.

I FURTHER DECLARE THAT:

- The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
- I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Biosecurity Manager.
- I acknowledge that in failure to comply, I may be directed to leave the event and my nominations will be forfeited.
- I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Biosecurity Manager.
- I acknowledge that 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 that time. I agree and acknowledge that the Biosecurity Manager/Event Organising Committee, its State or National Affiliated bodies and their members 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 event/farm.

Signature:	Applicant Name:	Date:
------------	-----------------	-------



Please note this movement record is a guide only. You may keep a movement record in any format that captures the required information. Examples include but are not limited to diaries, log books, emails, or other industry documents (that are species specific) such as National Vendor Declarations (NVDs), horse health declarations, or Pig Passes.

Details			
Proposed movement date:			
Person completing movement record: (Full name of the person completing the movement record.)			
Origin of designated animal:			
Address (including "Name of place" if applicable) of the holding, saleyard or place of departure of the designated animal/s.		Name of place:	
		Address:	
Locality / Suburb:		State:	Postcode:
Contact Phone / Mobile:		Contact Fax:	
Email Address:			
Destination details:			
Full name of the person taking receiving the designated animal/s.			
Organisation/trading name			
Address of the destination (including "Name of place" if applicable)		Name of place:	
		Address:	
Locality / Suburb:		State:	Postcode:
Contact Phone / Mobile:		Contact Fax:	
Email Address:			

¹ Identification marks may include, but are not limited to, animal colour, brand, earmark, or microchip number.

² Special designated animals include: cattle, sheep, goats, pigs, bison, buffalo, alpacas, llamas.

Particulars of designated animal(s)				
A description of the designated animal with any distinguishing marks or features sufficient to be able to identify the designated animal being moved.				
No. of stock	Breed	Class (e.g. bull, ram, mare, sow)	Identification marks ¹	Property Identification Code (PIC) (other PICs for non-vendor breed sheep and goats)
				Q _ _ _ _ _
				Q _ _ _ _ _
				Q _ _ _ _ _
				Q _ _ _ _ _



Cattle tick risk minimisation requirements (low risk carriers only)

State the cattle tick risk minimisation requirements that have been met for low risk carriers moving between Queensland cattle tick zones.
Low risk carriers include horses, camels, sheep, goats, llamas, alpacas, vicunas, guanacos.

Declaration: Special designated animals only²

Signature:	Full name of person completing form:	Date:
------------	--------------------------------------	-------