

**FIVE STAR REINING CLINIC
BIOSECURITY FORM**

EVENT NAME		DATE			
OWNER OR PERSON IN CHARGE OF HORSE/S					
FULL NAME					
FULL ADDRESS					
EMAIL					
PHONE					
PROPERTY OF ORIGIN OF HORSE/S					
FULL ADDRESS (if different to above)					
	BREED DESCRIPTION/SEX	MICROCHIP/BRAND	OFFICIAL NAME	STABLE NAME	
<i>eg</i>	<i>Warm Blood</i>	<i>Pinto Gelding</i>	<i>9390000005624631</i>	<i>B & W Face Value II</i>	<i>Oreo</i>
1					
2					
3					
4					

See reverse for additional horses

Are you stabling horse/s overnight? (Please tick)	YES		NO	
Please list dates				

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 3 days leading up to attendance at this event. 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/equipment accompanying the horses will be in a clean condition at the commencement of travel to the Lockyer Indoor Equestrian Centre (LIEC).
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 LIEC or the event organiser.
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 LIEC or the event organisers.
6. In the event of horse movement restrictions, each owner/person in charge will be responsible for the care, maintenance and cost of their horse/s, including feeding and watering.

Signature _____

Name _____

Date _____