Dayboro Working Horse & Dog Committee

HORSE & HUMAN ATTENDEES HEALTH

FULL NAME- Person in attendance	
YOUR ADDRESS	
YOUR EMAIL	
YOUR MOBILE	
PROPERTY OF ORIGIN-if same list as above	
PIC NUMBER OF ORIGIN PROPERTY	
PIC NUMBER OF DESTINATION PROPERTY	

Official Horse Name (Nominated Name)	Breed	Colour & Sex	Brand/Microchip	Strangles Vacc Y/N	Hendra Vacc Y/N

If stabling overnight, please state inclusive dates: …../…./…… to …./…./……

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 last 3 days leading up to attendance to this event today. I give my authorisation for the designed 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 materials and washed with shampoo.
2. All vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to the event.
3. The information contained in this Horse Health is true and correct to the best of my knowledge.
4. I agree to abide by all conditions and directions of the DWHDC
5. I acknowledge that failure to comply with the above may result in refusal of entry to the venue; disqualification of other disciplinary action as decided by DWHDC.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.

Signature:_____ Name: _____ Date: _____

FULL NAME:	YES	NO
Have you been exposed to a person with Covid 19 virus in the preceding 14 days?		
Do you have a temperature? (**Normal range 36.1°C to 37.°C**)		
Have you travelled to or come from NSW or VIC in the last 14 days?		
Have you returned from or been in contact with anyone returning from overseas within the last 14 days?		
Have you any Fly like symptoms?		
Have you been self-isolating or quarantined in the past 14 days?		
Have you downloaded the COVID safe app.		

Signature: _____ Name: _____ Date: _____