

# HORSE HEALTH DECLARATION

For horses travelling to and from the 2023 Royal Canberra Show.  
Exhibition Park in Canberra (EPIC), Flemington, Road, Mitchell, ACT.  
Property Identification Code (PIC): NG750154



**THIS FORM MUST ACCOMPANY THE HORSE TO THE SHOW  
AND MUST BE HANDED TO THE OFFICIAL AT THE ENTRANCE.**

**A form must be completed for each horse.  
Day trippers must complete a form for each horse entering EPIC each day.  
No Health Declaration form may result in disqualification.**

1. Full name of person responsible for the horse.

2. Contact mobile phone number.

3. Full name of the owner (If different to above).

4. Contact mobile phone number.

5. Full property name and address of origin of horse.

6. Post Code

7. Property Identification Code (PIC) - Origin of horse.

8. Name of the person in charge of the horse being travelled. (If different to above).

9. Contact mobile phone number.

10. Property Identification Code (PIC) if horse was unloaded during travel to EPIC.

11. Property Identification Code (PIC) of property to which horse is returning (if different to 7)

12. Full description of horse.

Name	Micro Chip Number	Description/Sex	Hendra Vaccinated (Y/N)

13. Arrival date at EPIC.

14. Proposed departure date from EPIC.

15. Declaration by owner or person in charge of the horse.

I  declare that the horse described in section 12 has been in good health, eating normally and has not shown signs of illness during the last three (3) days to entering the destination (EPIC). I give my authorisation for the designation steward to call for veterinary inspection of the horse in my care should it be showing signs of illness at any time during the course of the event. I agree to pay for any veterinary fees for the horse described in section 12 incurred as a result of this.

I further agree to ensure:

1. The horse, vehicles, and all equipment accompanying the horse will be clean and free of solid material that could contain disease agents, prior to departing the property of origin or that property indicated in section 10.
2. In the event of horse movement restrictions, I will be responsible for all of the care and maintenance of horse including feeding and watering and all associated costs including veterinary fees.

Signature.

Print Name.

Date.