



Australian Warmblood Horse Association Limited
ABN: 56 063 906 150
Email: tour@awha.com.au

Horse Health Declaration

Event name: AWHA Ltd 2020 National Championship and Classification Tour

Owner or Person in charge of Horse(s)

Full name of person or owner in charge :

Full address (residential) :

State : Post Code :

Home phone: Mobile phone :

Email address :

I declare that the horse/s described below have been in good health, eating normally and have not shown signs of illness during the last 3 days leading up to the above mentioned event. I give my authorisation for the designated AWHA Ltd Official to call for veterinary inspection of this/these horse/s 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 for the horse/s described 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. All horses described are free of cattle ticks before entering the stud stop/venue.
2. All vehicles (where applicable) and equipment accompanying the horse/s will be in a clean condition at the start of travel to the above mentioned event. All appropriate permits and waybills have been completed and accompany the horse/s (where applicable).
3. In the event of horse movement restrictions, I will be responsible for the care, maintenance and cost of my horse/s including feeding and watering.
4. I agree to abide by all conditions and directions of the AWHA Ltd rules and regulations and tour organisers.
5. I acknowledge that failure to comply with the above may result in refusal of entry to the stud stop/venue with disqualification or other disciplinary action as decided by the AWHA Ltd Officials.
6. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.

Signature : Dated :

To be Completed by all Owners/Persons in charge of Horse(s)

Property of origin of horse(s) :

Full address (if different to above) :					
State :		Post code :		DPI PIC number :	
No of Stock	Breed	Description / Sex	Brand / Microchip No*	Registered Name	Stable Name
Example :	Warmblood	Chestnut Mare	123456789	May Lodge Fudge	Fudge

Are you stabling Horse(s) overnight? Please tick : → Yes No

Please tick the nights you will be stabling :

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday