

## HORSES TRAVELLING TO AND RETURNING FROM ROYAL QUEENSLAND SHOW, GREGORY TERRACE, BOWEN HILLS (QDBB0228) Horse Health Declaration / Movement Record

1. Full name of person responsible for the horse/s 2. Contact phone number

3. Full name and postal address of the owner of the horse/s (if horse owner is different to above) 4. Postcode

5. Full property name and address of origin of the horse/s (if different to above address)

6. Registered Property Identification Code (PIC)

7. Name of person in charge of the horse/s being travelled 8. Vehicle registration 9. Movement commencement

 
 /    /         am/pm  
Date                      Time

8. Description of Horse/s

No of Stock	Breed	Description/Sex	Horse Brands/Microchip number

Arrival date at RNA grounds Departure date from RNA grounds

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9. I  declare that the horse/s described in section 8 have been in  
(Full name)

good health, eating normally and have not shown signs of illness during the last 3 days leading up to entering the **RNA Grounds**. I give my authorisation for the designated Steward 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 in section 8 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.
2. All vehicles and equipment accompanying the horse/s will be in a clean condition at the start of travel to the **RNA Grounds**
3. All appropriate Horse Health Declaration / Movement Record been completed and accompany the horse/s.
4. 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.
5. All horses described in section 8 are free of cattle ticks before entering the **RNA Grounds**.
6. **All fodder entering the RNA Grounds must meet the Queensland Fire Ant Movement requirements.**
7. I acknowledge that failure to comply with the above may result in refusal of entry to the **RNA Grounds**.

Signature

Date

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