



Horse Health Declaration

For horses with current Hendra Virus vaccination or horses travelling from a property of origin outside of the know Hendra Risk Zone

Event Name: _____

Event Date: _____

Owner or person in charge of horse

Full Name:			
Full Address: (Residential)		Postcode:	
Phone Number:	Mobile Number:		
Email:			

Property of Origin of Horses Immediately Prior to Travel

Full address if different to above		Postcode:	
PIC Number:	Travel Document Number:		

Temperature Log – taken the 3 days prior to arriving at ride base

Horse's Registered Name	Sex	Microchip Number <small>AERA Logbook number if novice horse and not microchipped</small>	TIME	DAY 1	DAY 2	DAY 3	Date of 1 st Hendra Virus Vaccination

Please tick the nights you will be camping

Mon	Tues	Wed	Thurs	Fri	Sat	Sun