



ABN: 83 510 134 790



TOM QUILTY GOLD CUP 2014 – Wagin, Western Australia HORSE HEALTH DECLARATION – FORM A

Horses travelling from **New South Wales** and **Queensland** that are **not vaccinated** against the Hendra Virus and have not resided for the last 28 days more than 250 km from any previously diagnosed case of Hendra virus, or have in that time had contact with other horses from inside that area must fulfil the following conditions:

1. Must undergo a 21 day quarantine period commencing no later than 12th September and must be completed no later than Thursday 2nd October, in preparation for pre-ride vetting at the ride base Friday 3rd October. The quarantine may begin on the property of origin, and continue through travel to WA, but must finish with at least 10 days spent more than 250 km from any previously diagnosed case of Hendra virus.
2. The rectal temperature of all horses must be taken and recorded twice a day for the duration of that period i.e. from 12th September.
3. When quarantined on the property of origin, horses intending to be travelled to WA must always be separated from all other stock by at least 10 metres at all times, and must drink and eat from separate receptacles/feeders that no other stock have had access to.
4. During the period of quarantine, Biosecurity Queensland guidelines to limit any risk of contact with flying foxes or excreta must be undertaken.
5. All horses intending to be travelled to WA together, on the same transport vehicle, must be quarantined together.
6. When in transit to WA all horses must, to the best of the responsible person's ability, be kept separated from all stock other than their immediate travelling companions.
7. Failure to comply with these requirements will result in refusal to enter the ride base.

PERSON RESPONSIBLE FOR THIS HORSE				
NAME				
ADDRESS				
TELEPHONE		MOBILE		
EMAIL				
DECLARATION FOR THE RESPONSIBLE PERSON: I hereby acknowledge that I am the person responsible for this horse.				
SIGNATURE		STATE MEMBERSHIP No.		DATE

HORSE INFORMATION				
AERA LOGBOOK No.		BREED REG. No.		
HORSE NAME				
DATE OF BIRTH		BREED		SEX
HORSE MICROCHIP NUMBER				
LOCATION WHERE HORSE NORMALLY RESIDES (Address & PIC or ID No.)				

Declaration by member/person responsible for horse:

I, _____ declare that the horse named above has been in good health, eating normally and not showing signs of illness during the last 21 days. I give my authorisation for the designated Ride Steward to call for a veterinary inspection of the horse 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.

Signed _____ Date _____



TEMPERATURE LOG

HORSE NAME			
AERA LOGBOOK No.		MICROCHIP No.	

Day 1			
Date			
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN	
Day 2			
Date			
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN	
Day 3			
Date			
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN	
Day 4			
Date			
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN	
Day 5			
Date			
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN	
Day 6			
Date			
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN	



Day 7		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 8		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 9		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 10		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 11		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 12		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 13		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 14		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN



Day 15		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 16		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 17		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 18		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 19		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 20		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN
Day 21		
Date		
AM	PM	LOCATION/ADDRESS WHERE TEMPERATURE WAS TAKEN

Arrived at the ride base on _____ (date)

at _____ (time).