



Standardbred Association  
Queensland

# STANDARDBRED ASSOCIATION QUEENSLAND INC.

PLEASURE AND PERFORMANCE HORSE ASSOCIATION QLD

✉ PO Box 348, ROSEWOOD QLD 4340

🌐 www.saq.com.au

## HORSE HEALTH DECLARATION

Name of person responsible for the horse/s: .....

Address: .....

.....

Phone Number: ..... Mobile Number: .....

Email Address: .....

Registered Property Identification Code (PIC): .....

### Description of Horse/s

| Breed | Description/Sex | Stable Name | Official/Registered Name | Brand/Reg # |
|-------|-----------------|-------------|--------------------------|-------------|
|       |                 |             |                          |             |
|       |                 |             |                          |             |
|       |                 |             |                          |             |
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|       |                 |             |                          |             |

I(Full Name) ..... declare that the horse/s described above have been in good health, eating normally and have not shown signs of illness during the last 3 days leading up to an SAQ event. I give my authorisation for a SAQ Committee member 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 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 are in a clean condition on entry to any grounds holding an SAQ event.
3. All appropriate permits and waybills have 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. I will ensure all requirements of the SAQ **BIOSECURITY PLAN** will be adhered to.
6. I agree to abide by all conditions and directions issued by the SAQ.
7. I acknowledge that failure to comply with the above may result in refusal of entry to the venue, disqualification or other disciplinary action as decided by the SAQ Committee.
8. The information contained in this Horse Health Declaration is true and correct.

Signature: ..... Date: .....