

Horses Travelling to and Returning From
LAIDLEY SHOW GROUNDS HORSE HEALTH DECLARATION AND WAYBILL

Queensland Stock Act 1915 (S.22)

1. Full Name of person responsible for the Horse

2. Contact Phone Number

3. Full Name and Postal Address of Origin of the Horse/s (if different to above address) 4. Postcode

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

6. Registration Property Identification Code (PIC) - **QNIL - 3000**

7. Name of Person in Charge of the horse/s being travelled 8. Vehicle Registration Number 9. Movement Commence

		/ / am/pm
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8. Description of Horse/s Date Time

No of Stock	BREED	Description. / Sex	Horse Brands/ Microchip No

ARE YOU STABLING HORSES OVERNIGHT (PLEASE CIRCLE) YES NO

PLEASE INDICATE THE NIGHTS YOU WILL BE STAYING

Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Arrival date at Grounds Departure date from grounds Queensland Travel Permit Number Date if issue

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9. I _____ declare that the horse/s described in section 8. Have been in good
 (FULL NAME)

Health, eating normally and have not shown signs of illness during the last 5 days leading up to entering the **Laidley Show 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 horse/s 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 clean condition at the start of travel to the Laidley Show grounds.
3. All horse/s travelling from cattle tick infected areas must be accompanied by the appropriate Biosecurity Queensland permits.
4. In the event of horse/s movement restrictions, I will be responsible for the care, maintenance and cost of my horse/s including feeding and watering.
5. All horse/s described in section 8 are free of cattle ticks before entering the Grounds.
6. I acknowledge that failure to comply with the above may result in refusal of entry to the Grounds.

Signature: _____

Date: _____