

ACDS Victorian Branch
Horse Event Participation Declaration
(No Fully Completed Form: No Entry)

Event: ACDS Victorian Level 4 CDE - at Greenvale Equestrian Centre,
Section Road, Victoria
Event Date: 30/31 March 2019

Details of Owner/Person in charge of horse/s:

Name: _____

Address: _____

Phone No: _____ Mobile: _____

ACDS Membership No: _____

	Full Name of Horse/Pony	Identification (colour/markings/brand, microchip, etc) or	ACDS Reg #
1			
2			
3			
4			
5			
6			

Address of property from which the horse has moved to this event:

1. _____
2. _____
3. _____
4. _____

Are any of these properties considered to be located in a Hendra 'hotspot'? Yes No

Address of property to which the horse will move after this event:

1. _____
2. _____
3. _____
4. _____

Health of Horse/s:

I, _____ declare that the horse/s named above has/have been in good health, eating normally and not showing signs of any disease during the last 3 days leading up to this event entry closing.** I give my authorisation for the designated Event Horse Official to call for a veterinary inspection of the horse/s named above, and in my care, should they be showing signs of any illness at any time during the course of this event. I agree to pay any veterinary fees incurred as a result of this, and any ensuing veterinary examination. In addition, I agree to be responsible for any costs incurred by me, or my horse/s in the event of a lockdown.

**If my horse/s do not remain healthy between event entry closing date and the event itself, I agree not to attend.

Signed: _____

Date: _____