

HORSE HEALTH DECLARATION FOR HBAR

Owner or person in charge of horse

Full Name: _____

Full Address: _____
(residential or business)

Phone Number : _____ Mobile Number: _____

Property of Origin of Horse

Full Address: _____
(property name, number, street, town)

PIC NUMBER :

No of Stock	Breed	Description/Sex	Brand/Microchip Number	Official Horse Name	Stable Name

Are you stabling horse/s overnight? (please circle) YES NO

Date/s you will be on the Dundowran Equestrian Park Grounds: _____

Declaration by owner or person in charge of horse/s

I, _____ declare that the horse/s named above has/have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to today's event (today's date) _____. I give my authorization for HBAR steward to call for veterinary inspection of the horse/s 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.

I AGREE TO ENSURE THAT:

1. If required before movement, all horses will be cleaned and their hooves will be picked clean of all solid material.
2. All equipment being brought onto the grounds will be my responsibility and not shared with other horses, this includes water buckets, brushes, bridles etc.
3. If I wish to wash my horse down at the end of the event, I will need to bring my own hose or bucket for this purpose.
4. I agree to abide by all conditions and directions of the DEPA committee
5. 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 DEPA committee.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse including feeding and watering.

Signature

Name

Date