



EFAWA Horse Event Participation Declaration

Event: _____ **Event date:** _____

Name of person in charge of horse(s): _____

Contact phone: _____

Address: _____

Name of horse	Identification (colour/markings/brand)

Source property (address of property from which the horse(s) moved to the event):

Destination property (address of property to which the horse(s) will move after the event - if different from source property):

Health of horse(s)

I am aware that the congregation of horses at an event provides an opportunity for the spread of infectious diseases.

I declare that the horse(s) named above has/have been in good health and eating normally during the last three days leading up to this event.

I give my authorisation for the designated Animal Health Official to arrange for a veterinary examination of the horse(s) named above if it/they show signs of a serious infectious disease at the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Signed: _____ **Date:** _____