



HORSE HEALTH DECLARATION 2018

EVENT NAME:		DATE:
OWNER OR PERSON IN CHARGE OF HORSE:		
FULL ADDRESS		
EMAIL		
PHONE (MOBILE)		
PROPERTY OF ORIGIN OF HORSE		
FULL ADDRESS OF PROPERTY (if different to above)		
PIC NUMBER (Property Identification code)		

REGISTERED NAME	DESCRIPTION/ SEX	MICROCHIP/ BRAND	PIC OF ORIGIN IF DIFFERENT FROM ABOVE

Is horse staying overnight? (please tick)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If staying, please list dates	FROM:	TO:		

Declaration by owner or person in charge of horse attending:

I, _____ declare that the horse named above has been in good health, eating normally and not shown signs of illness during the last 3 days leading up to this event. I give my authorisation for Parelli Natural Horsemanship to call for veterinary inspection of the horse 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 for the abovementioned horses as a result of this veterinary examination.

I FURTHER DECLARE THAT:

1. The information contained in this Declaration is true and correct to the best of my knowledge.
2. I agree to abide by all conditions that may be imposed at any time by Parelli Natural Horsemanship.
3. I acknowledge that in failure to comply, I may be directed to leave and my attendance will be forfeited.
4. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by Parelli Natural Horsemanship.
5. I acknowledge that there is a possibility that the horses might become infected with disease agents as a result of any movements and, if necessary, horses and premises will be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that Parelli Natural Horsemanship Instructors, staff and their members are not in any way liable for any cost, expense, loss, damage, claim action, proceeding or other liability incurred by or made against me as a result of any movement of my horse to the Event.

SIGNATURE: _____

NAME: _____

DATE: _____