

MT PERRY SHOW SOCIETY

Biosecurity Animal Health Declaration/Movement Record and NOMINATION FORM

HORSE

ENTRY FORM FOR SECTIONS 2, 3

		OWNER OR PERSON IN CHARGE OF ANIMALS
		FULL NAME:
		HOME ADDRESS:
		EMAIL:

PHONE:	MOBILE:
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		PROPERTY OF ORIGIN OF ANIMALS
FULL ADDRESS: (if different to above)		
PIC NUMBER:(IF APPLICABLE)		
Event PIC NUMBER		QIPE0170
Destination PIC NUMBER: (IF APPLICABLE) if not returning to original PIC nominated above		

DETAILS OF ALL ANIMALS BEING BROUGHT ONTO THE GROUNDS (USE ADDITIONAL SHEETS AS REQUIRED)				
CLASS NO.	RIDER'S NAME	HORSE'S NAME	CURRENT HENDRA VAC YES/NO	ENTRY FEES

ENTRY FEES MUST ACCOMPANY THIS FORM. Please use surname/horses for ref. BSB: 633 000; A/c: 134097500 REF NO: ENCLOSED TOTAL: \$

Declaration by owner or person in charge of animal/s attending:

I, _____ declare that the animals named above has / have 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 the Event Organising Committee/Manager to call for veterinary inspection of the animals 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 animals as a result of this veterinary examination.

I AGREE TO ENSURE THAT PRIOR TO ARRIVAL:

1. All animals will be visually free of excess soil and plant matter.
2. All vehicles and equipment accompanying the animals may be inspected for solid material that could contain disease agents or restricted plant material and washed down if required.
3. The information contained in this Biosecurity Declaration and Movement Record is true and correct to the best of my knowledge.

Signature Date

I FURTHER DECLARE THAT:

4. I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Manager. I also agree to abide by and accept the regulations as printed in the schedule and make these entries subject to such regulations and rules of the committee.
5. I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited.

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6. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Manager.
7. All animals described above are free of cattle ticks before entering the event.
8. I acknowledge that the animals above are from a JOHNE'S DISEASE FREE herd/flock. This is a herd with no clinical cases detected in the last 5 years.
9. I acknowledge the above mentioned animals to the best of my knowledge are free from any other notifiable diseases. If unsure what notifiable diseases effect your breed of animal/s, please look at the list provided by DAF <https://www.daf.qld.gov.au/animal-industries/animal-health-and-diseases/notifiable>
10. I acknowledge that there is a possibility that animals might become infected with disease agents as a result of any movements and if necessary animals and premises will be placed on a restricted list in accordance with any Legislation covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that the Manager/Event Organising Committee, it's State or National Affiliated bodies 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 animals to the Event/Farm.

PLEASE COMPLETE THE CATTLE TICK RISK MINIMISATION REQUIRMENTS

NB: MT PERRY SHOW GROUNDS ARE LOCATED IN A TICK INFESTED AREA OF QUEENSLAND

Please be aware of your biosecurity obligation if returning stock to a tick free area of Queensland

NOTE only complete if you have 'primary or secondary' host animals

Primary host species of ticks: cattle, deer and buffalo

Secondary host species of ticks: camelids, donkeys, goats, horses, mules and sheep

Do you have primary or secondary host animals? Please circle YES or NO, if no please sign and date form

Animal/s are (Select one)		
	<input type="checkbox"/>	From Cattle Tick Free Area of Queensland or from interstate
	<input type="checkbox"/>	From Cattle Tick Infested Area of Queensland or from Infested Land and have been visually inspected and are tick free
	<input type="checkbox"/>	From Cattle Tick Infested Area of Queensland or from Infested Land and are tick free and have received a Chemical treatment Treatment: _____ Method of Treatment: _____ Date: _____ <i>(Chemical used)</i> <i>(Spray)</i>

Signature

Date

NOTE: It is recommended to keep a copy of this form by the owner or person in charge of animal/s and event committee for a minimum of 5 years
This form covers **horses**