

The Equestrian Federation of Australia

State Branch Equestrian Tasmania, PO Box 277 BRIGHTON TAS 7030

Telephone +61 3 62685261 Facsimile +61 3 62685271 <u>www.tas.equestrian.org.au</u> / info@efatas.com.au ABN 69 934 724 696



Horse event participation declaration

Event:	Event da	ite:	
Car/Truck Reg. #	Float Reg.	#	
Name of person in charge of horse(s): Address:			
Phone number(Separate form for different owners please.)		ər	
Name of horse	Identific	ation (colour/markings/brand)
Address of property from which the horse m			
Address of property to which the horse will I	move after the event:		
Additional person/s (other then stated a			
Name	Contact		
Name	Contact		
Health of Horse			
has/have been in good health, eating norma during the last 5 days leading up to this eve Horse Health Official to call for veterinary in care on entry to the event grounds and sho	ally and not shown sigent. I give my authorisespection of the horse/ould they be showing s	ns of respiratory disease ation for the designated Event (s) named above and in my igns of a respiratory illness at	Australian Government Australian Sports Commission
any time during the course of the event. I a of this veterinary examination.	igree to pay any veter	inary fees incurred as a result	<u> Les de</u>
Signed	Date		9
Cleaning of horse gear: I,	ckets and other article	es that have come into contact	Horseland
ianod	Dato	ET/Sept 07	