



HORSELAND HORSE TRIALS STATE CHAMPIONSHIP 2018

HORSE/VETERINARY AUTHORITY

The Medical & Horse/Veterinary Authority is a compulsory form and must be sent with your Event Eligibility Verification Form to your Zone Representative on or before the 13 APR2018.

This form will also be sent to you when you enter this event online.

RIDER NAME:	
Registered name of horse and/or name as officially entered:	
Address of property from which the horse will be moved to the event Or PIC No:	
Address of property to where the horse will move after the event Or PIC No:	
GUARDIAN/EMERGENCY:	GUARDIAN/EMERGENCY MOBILE:

Health of Horse(s)

I declare that the horse named above will be in good health, eating normally and not showing signs of respiratory disease during the last 3 days leading up to this event. I give my authorisation for the Event Secretary to call for veterinary inspection of the horse/(s) named above and in my care should they be showing signs of a respiratory illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Horse Event Declaration Waiver

I understand that due to diseases such as equine influenza, the Victorian Department of Primary Industries, or other State or Commonwealth government body, may restrict or prevent the movement of horses, vehicles and personnel for a period of time ("Standstill"). I acknowledge and agree that a Standstill is a risk of competing at this event and I agree to pay all costs or expenses incurred for my horse by the organiser as a result of a Standstill.

Horse Injury Waiver

I, being the owner/lessee of the above named horse, hereby consent to the Official Veterinary Officer providing such treatment as is deemed necessary to this horse in the case of an accident at this event. I agree to be fully responsible for all service or consultation fees charged as a result of such accident. In a case where it is deemed by the Official Veterinary Officer that on humanitarian grounds the above named horse should be destroyed because of illness, injury or accident, I hereby give the Official Veterinary Officer and the PCV President, or the appointed deputy, permission to act in accordance with the recommendation of the Official Veterinary Officer in this matter. Before taking this action the PCV President or the appointed deputy, must be satisfied that every possible practical effort has been made to contact the accompanying parent/guardian/responsible adult named above. I list below any special conditions or instructions as to the disposal of the horse after such action by the Official Veterinary Officer

Rider Signature: Date:

Rider's parent/Guardian Signature (under 18yos): Date:

Special instructions:.....
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