

'Grass Hut' Station home of RHONDHU STUD

Barry & Liz Miller
Grass Hut Station Mingela Qld 4816

Ph: (07) 4770 3051
Mob: 0413 397 075

PIC: QADP0028
Email: millers@rhondhustud.com.au

BIOSECURITY HORSE HEALTH DECLARATION & MOVEMENT RECORD (Copy to be retained for 5 yrs)

For horses ENTERING 'Grass Hut' Station, Mingela Qld 4816

Form last edited 14/09/17

Entry Date:	ENTRY REASON (e.g. Breeding,Campdraft,Clinic):
-------------	--

OWNER / PERSON in CHARGE details

Your Full Name			
Your Residential Address			
Postal Address (or say As Above)			
Your Landline Telephone		Your Mobile	
Your Email			

PROPERTY of ORIGIN of HORSES details

Full Physical Property Address	(or say As Above if same as Residential)		
Property of Origin PIC Number			
Is this a One Way Journey?		Do you plan a return trip within 7 days?	
If so Anticipated return date		Actual date of return (pls complete on day):	

HORSES details for TODAY's entry to Rhondu Stud

Full Name of horse	Colour	Sex	Brand	Hendra Vacc	If Yes, Expiry Date & Microchip Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

This relatively tick free property is IN THE TICK ZONE. Are the horses CROSSING a tick line or State in either direction?

If YES, have you treated the horses with the appropriate DPI measures for the movement?

I declare that 1. The horses have been in good health, eating normally, and not showing any signs of illness in the 3 days leading up to this entry day and I authorise for a Vet to inspect/attend the said horses at my expense should they show any signs of illness for the duration of their stay at this property.

2. All horses will have been shampooed, and their hooves cleaned, and that all horse transport vehicles have been cleaned prior to entry to this property.

3. I acknowledge that Hendra vaccination is not compulsory for entry, and that the information recorded is true and correct to the best of my knowledge.

4. That I will abide by all/any conditions required or imposed upon me by this property, and that non-compliance or refusal will result in being evicted.

5. I acknowledge the possibility of horses becoming infected with disease agents as a result of horse movements, and if necessary, all animals and the property may be quarantined in accordance with any legislation, policy or procedure covering such an occurrence at that time. I agree that the property, it's State, or Affiliated Bodies and their members, owners and staff are not liable for any costs, expenses, losses, damages, claims, actions, proceedings or other liability incurred by or made against me as a result of any movement of any horses to or from this property.

Signature:	Date:
------------	-------