AGRICULTURAL SHOW SOCIETIES COUNCIL OF NSW

(T/A AgShows NSW)

HORSE HEALTH BIOSECURITY DECLARATION

EVENT NAME	2026 AgShow Moruya Eurobodalla	**DATE**	23 - 25 Jan 26
COMPETITOR NAME		**COMPETITOR PIC**	
OWNER / PERSON IN CHARGE OF HORSE/S			
HOME ADDRESS			
Address line 2			
PHONE (MOBILE)		**EMAIL**	
VEHICLE DESCRIPTION		**REGISTRATION NUMBER**	
PROPERTY OF ORIGIN OF HORSE/S			
ADDRESS (If different from owner address)			
Address Line 2			

DETAILS OF ALL HORSES BROUGHT ONTO THE GROUNDS

Horses Registered Name E.g. Roger Rabbit	Description/ Sex Bay / Gelding	Microchip/Brand Microchip # OR 1 ov 4 o.sh Arrow n.sh	PIC of Property Horse is returning to	Vaccinations i.e. Hendra, Strangles, Tetanus

Are these horses remaining on grounds overnight? ☐

Declaration to be completed by owner or person in charge of horse/s listed above:

I, _____ declare that the horse/s listed above, to the best of my knowledge, is/are of a fitness standard suitable for the event and healthy. I agree that if found to be otherwise it/they will not be allowed to compete at this event. I give my authorisation for _____Show Society Biosecurity Officer or other authorised Show Society representative to call for a veterinary inspection of the horses listed above and in my care if they show signs of illness at anytime they are at this event. I understand my horse/s may be quarantined within the designated stable/yard biosecurity quarantine area if a veterinary inspection is deemed to be necessary. I agree to pay any veterinary fees incurred for the abovementioned horses as a result of this veterinary inspection.

I FURTHER DECLARE THAT:

1. Any stock travelling from interstate has been inspected/sprayed/self certified (if required) before arriving in NSW.
2. The information contained in this Horse Health biosecurity declaration is true and correct to the best of my knowledge.
3. I acknowledge that there is a possibility that horse/s might become infected with disease as a result of any movements and if necessary, horses and the event grounds will be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time.
4. I acknowledge that, in the event of horse movement restrictions and/or quarantine each owner/person in charge will be responsible for the full care, maintenance and cost of their horse including feeding, agistment and veterinary costs if required.

This form can be signed at time of pre-entry, but if there is any change in the horse health status, the competitor agrees to withdraw the exhibit.

I agree that by inputting my name in the signature box and ticking the box beside my name, everything in this document is binding on me and my heirs, next of kin, executors and administrators.

Signature:..... ☐ Dated: ……