

**To be completed by all Owners/Persons in charge of Horse(s)**



**ACE Group Inc.**

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## 2018/ 2019 ACE Horse Health Declaration

**Event Name:** 2019 ACE Breeding Inspection and Assessment Tour

**Owner or person in charge of horse(s)**

Full name:	
Full address (residential or business)	
Phone number	
Email	

I, \_\_\_\_\_ declare that the horse(s) described below have been in good health, eating normally and have not shown signs of illness during the last 3 days leading up to the above mentioned event. I give my authorisation for the designated ACE Official to call for veterinary inspection of this/these horse(s) 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 for the horse(s) described incurred as a result of this.

I agree to ensure that:

1. If required before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed. All horses described are free of cattle ticks before entering the stud stop/venue.
2. All vehicles (where applicable) and equipment accompanying the horse(s) will be in a clean condition at the start of travel to the above mentioned event. All appropriate permits and waybills have been completed and accompany the horse(s) (where applicable).
3. In the event of horse movement restrictions, I will be responsible for the care, maintenance and cost of my horse(s) including feeding and watering.
4. I agree to abide by all conditions and directions of the ACE rules and regulations and tour organisers.
5. I acknowledge that failure to comply with the above may result in refusal of entry to the stud stop/venue with disqualification or other disciplinary action as decided by the ACE Officials
6. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.

**Signature(s) of owner(s) or person in charge:**

\_\_\_\_\_ Date \_\_\_\_\_

**Signature(s) of Parent/Guardian if owner / person in charge is under 18 years:**

\_\_\_\_\_ Date \_\_\_\_\_

**Property of Origin of**

**Horse(s).....**

Full address (if different to above)					
State			Post Code		DPI/PIC Number
	Breed	Description/Sex	Brand/Microchip	Registered Name	Stable Name
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Please Note:**

Hendra Virus Vaccination are not compulsory for QLD, Northern NSW and NT during the 2019 ACE Breeding and Assessment Tour. However, the owner of non vaccinated horses must submit a completed ACE Hendra Risk Declaration.

\*\*Northern NSW refers to 'from Kempsey, north to the Qld border'.