

Kilcoy Pastoral Agricultural and Industrial Society
Horse Movement Record
Kilcoy Show 8th – 9th May 2020



Owner or person in charge of horses

You will need 2 copies of this form (one to be handed in at the Show, one for the return trip)

Full name			
Full address (residential or business)			
			Postcode
Phone		Email	

Property of Origin of Horses

Full address (Property name, Rural property no., Road, District)			
QDPI PIC no.	Q		Movement Record No.

Travel Details

Date left property of origin		Date return to property of origin	
Have the horses travelled to other destinations between the property of origin and the show?			
If yes, please provide details.			
Will the horses be travelling directly back to the property of origin?			
If no, please provide details.			

Kilcoy Showgrounds Address : 26 Showgrounds Road, WOOLMAR, 4515

PIC : QEKC0434

Horse Details

Horse Name	Sex	Brand/Microchip	Breed	HeV vaccinated?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Please complete the Horse Health Declaration overleaf.

Kilcoy Pastoral Agricultural and Industrial Society
Horse Health Declaration
Kilcoy Show 8th – 9th May 2020



Declaration by owner or person in charge of horses attending Kilcoy Show

I declare that the horses described overleaf have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to this event. I give my authorization for the Horse Chief Steward to call for veterinary inspection of the horses named overleaf and in my care should they be showing signs of illness at any time during the course of the show. I agree to pay any veterinary fees incurred for the abovementioned horses as a result of this veterinary examination.

I agree 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 with shampoo.
2. All vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to the Kilcoy Show.
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
4. I will abide by all conditions and directions of the Kilcoy Show Society and Event organizers.
5. In the event of horse movement restrictions, I will be responsible for the care, maintenance and cost of the horses, including feeding and watering.

Further

6. I acknowledge that failure to comply with the above may result in refusal of entry to the venue, disqualification or other disciplinary action as decided by Kilcoy Show Management Committee.

Name			
Signature		Date	

Thank you for your co-operation. We hope you enjoy your time at Kilcoy Show.

Additional Horse Details (if required)

Horse Name	Sex	Brand/Microchip	Breed	HeV vaccinated?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No