



VETERINARY DECLARATION OF HEALTH FORM

Please fill in required fields as marked \*
After filling in form - print and fax to:
Equine Podiatry Reception: F +61 2 6543 2008
or email to: info@equinepodiatry.com.au

HORSE'S NAME:
BRANDS NS: OS: COLOUR:
SIRE: DAM:
DOB / YEAR: SEX:
MICROCHIP NO: DEPARTURE DATE:
FLOATING COMPANY:
PROPERTY DEPARTING FROM:
ADDRESS:
FAX: EMAIL:
PHONE:
HAS THE HORSE BEEN VACCINATED FOR HENDRA: IF YES DATES:

I have today examined the above described horse on the property detailed above, prior to it travelling to the Equine Podiatry and Lameness Centre.
I found the horse to be free of symptoms of infectious disease and its temperature is within normal range.
The horse does not exhibit any known symptoms of Hendra Virus.
I confirm that the horse has been resident on this property for at least 21 days.

\* SIGNED \* DATE \* TIME
\* PRINT NAME
\* VETERINARY REGISTRATION NO
PRACTICE
ADDRESS