



## VETERINARY DECLARATION OF HEALTH FORM

Please fill in required fields as marked \*

After filling in form print and fax to:

**Avenel Reception: F +61 3 5796 2477**

or email to: [info@avenelequinehospital.com.au](mailto:info@avenelequinehospital.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 Avenel Equine Hospital.

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