



Name of Declarations Clerk / Official : _____

Health Declaration Form

Equine Influenza

Name of horse: _____

Temperature

This horse's temperature was taken before it travelled to the races. Its temperature was recorded as:

_____ C

Vaccination

Date of last vaccination against Equine Influenza (must be within past six calendar months):

Vehicle Registration Number

Vehicle in which horse was travelled to the Point-to-Point Course: _____

Declaration

This form is to certify that I declare that this horse has not shown any clinical symptoms of Equine Influenza within the previous 14 days. I acknowledge that I need to present this form, together with the horse's passport, to the appointed point to point officials at the fixture, before taking the horse off the horsebox. The horse's passport will be checked to ensure that the horse has been vaccinated within the past six months.

Keeper / Owner

Name: _____ Date: _____

Signature: _____

NB. This form must be provided to Point-to-Point Officials when requested on course

The BHA uses the data you provide in this form to administer and regulate horseracing. Further information on how we use this data is set out in more detail in the BHA Privacy Notice, which can be obtained from the BHA website.