

**COVID DECLARATION**

**I** Click or tap here to enter text. **(Name) declare that I witnessed the horses listed below being transported to** Click or tap here to enter text. **(Name and Address of Property) by** Click or tap here to enter text. **(Name of transport operator) at** Click or tap here to enter text. **(time) on** Click or tap to enter a date. **(date) in accordance with section 7 of the Racing NSW COVID policy for the Transportation of Horses from Victoria.**

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| **NAME (OR BREEDNG IF UNAMED)** | **NAME (OR BREEDNG IF UNAMED)** |
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**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date.

**NAME:** Click or tap here to enter text. **Contact No:** Click or tap here to enter text.