



## 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.

NAME (OR BREEDNG IF UNAMED)	NAME (OR BREEDNG IF UNAMED)

**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.](#)