



VET APPLICATION:

*TO OFFICATE AT ENDURANCE RIDES IN QLD
UNDER THE SUPERVISION OF A HEAD VET*

FULL NAME:

PREFERRED CHRISTIAN NAME:

PRACTICE NAME:

ADDRESS:

..... POSTCODE

PHONE NUMBERS: (WORK) (HOME)

(MOBILE) (FAX)

EMAIL ADDRESS:

DATE OF QLD REGN AS A VET: REGN NO:

UNIVERSITY OF QUALIFICATOIN:

TYPE OF PRACTICE: SMALL LARGE MIXED EQUINE (Please tick)

BRIEF HISTORY OF PREVIOUS EXPERIENCE:
.....
.....
.....
.....

WOULD YOU LIKE TO RECEIVE A REGULAR QERA NEWSLETTER YES / NO

VETERINARIAN DECLARATION

I hereby agree to abide by all current Australian Endurance Riders Association riding rules, procedures for rides, vetting procedures and Queensland Endurance Riders Association Inc Organisers' Rules and Procedures and to conduct myself in a manner not to be injurious or prejudicial to the character or interests of the sport of Endurance Riding. In consideration of the State Veterinary Panel accepting this entry, I hereby for myself, heirs, executors, administrators, waive and release the ride organization committee and all persons or organizations associated with the ride, their representatives, heirs, executors, administrators and assign from any rights, claims, or liabilities for damages for injuries sustained by/to me.

I hereby authorize QERA Inc and the QERA Veterinary Panel to publish my contact details (shown above) to Ride Committees for the purposes of selecting veterinarians to run their events.

Signed: Date:

Thank you for taking the time to complete this information for our records.

PLEASE RETURN TO: Dee Berry
PO Box 618
Gympie QLD 4570
Phone: (07) 5483 6540