



Certificate of Vaccinations

One form per horse to be completed by veterinarian and submitted to the office **prior to arrival at VDRC grounds.**

Name of horse (as entered): _____

Name of owner: _____

Date and Name of Most Recent Vaccination

Date for EHV-1/4 (Rhinopneumonitis): _____

Name of vaccine: _____

Date for EIV (Influenza): _____

Name of vaccine: _____

OR

Per Equestrian Canada Article 519A – Vaccinations: The horse named above has been enrolled in a regular and consistent program of vaccination against EHV-1/4 and EIV with the most recent booster being within six (6) months (+21 days grace period) but not 7 days prior to arrival of the competition start date.

Veterinarian (please print): _____

Veterinarian Signature: _____

Date Signed: _____

Person responsible (+18 years of age): _____

The horse named above has not shown any symptoms of, or been treated for, EHV-1/4 and EIV within the past 28 days.

The horse named above has not been exposed to any horses that have shown symptoms of or been treated for EHV-1/4 and EIV within the past 28 days.

Horses not in compliance with this rule will be asked to leave the VDRC grounds at the discretion of event management.

I, _____ (print name) agree with the above statements.

Signature: _____ Date: _____

Please email completed form to info@vernonridingclub.com prior to arrival at VDRC grounds.