

Certificate of Vaccinations

One form per horse to be completed by veterinarian and submitted to the Competition Office prior to receiving competition number.

Name of Horse (as entered in competition): _____

Name of Owner: _____

Date and Name of Most Recent Vaccinations

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

Date for EIV (Influenza): _____ Name of vaccine: _____

OR

Date for Combination Flu/Rhino: _____ Name of vaccine: _____

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 about has not been exposed to any horses that have shown any 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 event site at the discretion of competition management.

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

_____ (Signature) Date: _____