

**Certificate of Vaccinations**

One form per horse to be completed by a veterinarian and submitted to Bonnie Brae Farm office prior to entry to property.

Name of Horse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Name of Required Vaccinations

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| --- | --- |
| Date for EHV-1/4 (Rhinopneumonitis): | Name of vaccine: |
| Date for Streptococcus: | Name of vaccine: |
| Date for EIV (Influenza): | Name of vaccine: |
| Date for 5 way vaccine: | Name of vaccine: |
| Date for combination Flu/Rhino: | Name of vaccine: |
| Date for West Nile | Name of vaccine: |
| \*\*Recommended – Rabies: | Name of vaccine: |

Name & phone number of Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

I (Vet), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) agree with the above statements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_