

****MUST BE SUBMITTED 48 HOURS BEFORE ARRIVAL****



VACCINATION RECORD: EQUINE INFLUENZA AND EQUINE HERPES
UNITED STATES EQUESTRIAN FEDERATION

Owner Name: _____

Horse Name: _____

This form may be used to for documenting Equine Influenza and Equine Herpes Virus (Rhinopneumonitis) vaccinations as defined in USEF GR845.

Date (Day/Month/Year)	Place and Country	Vaccine			Name, Signature, and/or Stamp of Veterinarian
		Name	Batch	Route Mode	

To be filled out by person submitting form:

SIGNATURE

PRINT NAME

TITLE

DATE

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