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	

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