

# AURORA SUMMER HORSE SHOW

## VACCINATION DOCUMENTATION

Horse's Registered Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Name of Vaccine: \_\_\_\_\_

Serial Number of Vaccine: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
month year

Date Administered: \_\_\_\_\_  
day month year

Name of Vaccine: \_\_\_\_\_

Serial Number of Vaccine: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
month year

Date Administered: \_\_\_\_\_  
day month year

Equine Influenza

Rhinopneumonitis (Equine Herpes 1 & 4)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

All information is true and correct.

**ATTACH RECEIPT COPY OF THE VACCINE PURCHASE**

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