

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

Person Responsible

SIGNATURE

All information is true and correct

The Person(s) Responsible certifies the horse listed has met the requirements of Article A519 Vaccinations.
See Rules of Equestrian Canada, Section A, General Regulations, Article A519, Vaccinations.

ATTACH RECEIPT COPY OF THE VACCINE PURCHASE

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

Person Responsible

SIGNATURE

All information is true and correct

The Person(s) Responsible certifies the horse listed has met the requirements of Article A519 Vaccinations.
See Rules of Equestrian Canada, Section A, General Regulations, Article A519, Vaccinations.

ATTACH RECEIPT COPY OF THE VACCINE PURCHASE

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

Person Responsible

SIGNATURE

All information is true and correct

The Person(s) Responsible certifies the horse listed has met the requirements of Article A519 Vaccinations.
See Rules of Equestrian Canada, Section A, General Regulations, Article A519, Vaccinations.

ATTACH RECEIPT COPY OF THE VACCINE PURCHASE