

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 US	SEF GR845.

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