

Certificate of Vaccinations



One form per horse is to be completed by the person responsible for the care of the horse ("Person Responsible") and a veterinarian and submitted to the Competition Office prior to receiving a competition number. Veterinarian endorsement will be valid and kept on file by VIHJA for six months from the date of the veterinarian's signature. A new Statement of Health must be completed by the Person Responsible prior to each VIHJA sanctioned competition.

Name of Horse: _____
Name of Owner: _____
Name of Person Responsible: _____

Date and Name of Most Recent Vaccinations

The following section is to be completed by a veterinarian only.

Date for EHV-1/4 (Rhinopneumonitis): _____ Name of vaccine: _____
Date for EIV (Influenza): _____ Name of vaccine: _____
or
Date for Combination Flu/Rhino: _____ Name of vaccine: _____

The horse named above has been enrolled in a regular and consistent program of vaccination against EVH-1/4 and EIV with the most recent booster being within six months but not 7 days prior to the horse's arrival at a VIHJA sanctioned competition.

Veterinarian Name: _____
Veterinarian Signature: _____
Date Signed: _____

Statement of Health

The following section is to be completed by the person responsible for the care of the horse.

The horse named above has not shown any symptoms of, or been treated for, EHV-1/4 and EIV within the past 28 days.

The horse named above has not been exposed to any horses that have shown any symptoms of or been treated for, EVH-1/4 and EIV within the past 28 days.

Horses not in compliance with this rule will be asked to leave the event site at the discretion of the competition management and VIHJA.

I, _____ (print name) agree with the above statements.

Signature: _____ Date: _____