



CERTIFICATE OF VACCINATIONS

One form per horse to be completed by veterinarian (or person who administered) and submitted to the Competition Office prior to arriving at show grounds.

Name of Horse (as entered in competition): _____

Name of Owner: _____

DATE & NAME OF MOST RECENT VACCINATIONS

Date for EHV-1/4 (Rhinopneumonitis): _____ Name of Vaccine: _____

Date for EIV (Influenza): _____ Name of Vaccine: _____

OR

Date of Combination Flu/Rhino: _____ Name of Vaccine: _____

Per Equestrian Canada Article 519A - Vaccinations: The horse named above has been enrolled in a regular and consistent program of vaccination against EHV-1/4 and EIV with the most recent booster being within six (6) months (+21 days grace period) but not 7 days prior to arrival of the competition start date.

Veterinarian (please print): _____
(or by person who administered)

Signature: _____ Date Signed: _____

Person Responsible (18+ years of age): _____

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

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

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

Signature: _____ Date: _____

Please email completed form to entries@provincialex.com prior to arrival on Show Grounds.

