

****MUST BE SUBMITTED 48 HOURS BEFORE ARRIVAL****



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 USEF GR845.

To be filled out by person submitting form:

SIGNATURE

PRINT NAME

TITLE

DATE