



Immunization Record



Name of Horse _____ Owner _____
 Barn Name _____ Registration No. _____ Tattoo No. _____
 Sire _____ Dam _____
 Breed _____ Sex _____ Breeding Date _____
 Foaling Date _____ Veterinarian _____

Vaccinations	Year_____	Year_____	Year_____	Year_____	Year_____	Year_____	Year_____
EHV-1 (Abortion)							
EEE, WEE Encephalomyelitis							
West Nile Virus							
Tetanus Toxoid							
EHV-1 & EHV-4 (Respiratory)							
EIV							
Rabies							
Potomac Horse Fever							
<i>Strep. equi</i> (Strangles)							
Botulism							
VEE							
Other: _____							

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