



# Foal Immunization Record



Name of Horse \_\_\_\_\_ Registration No. \_\_\_\_\_ Tattoo No. \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Foaling Date \_\_\_\_\_

Veterinarian \_\_\_\_\_

Vaccinations	Year _____ Initial/Booster	Year _____ Initial/Booster	Year _____ Initial/Booster	Year _____ Initial/Booster	Year _____ Initial/Booster	Year _____ Initial/Booster	Year _____ Initial/Booster
EEE, WEE, & VEE Encephalomyelitis							
Tetanus Toxoid							
EHV-1 & EHV-4 Respiratory Rhinopneumonitis							
Rabies							
Potomac Horse Fever							
Strep. equi (Strangles)							
West Nile Virus							
Equine Influenza							
Other: _____							
Other: _____							
Other: _____							



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