

Southlands Riding Club

Certificate of Vaccinations

One form per horse competing to be completed by veterinarian and submitted to the Show Secretary prior to receiving a competition number.

Name of Horse (as entered in competition): _____

Name of Horse Owner: _____

Date and Name of Most Recent Vaccinations

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:** _____

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): _____

Veterinarian Signature: _____

Date Signed: _____

Declaration of Person Responsible (must be 18+ years of age)

The horse named above has not shown any symptoms of, been treated for, or been exposed to any horses showing symptoms of/being treated for any of the following within the past 28 days: **EHV-1/4** and/or **EIV** and/or **vesicular stomatitis (VS)**.

Horses not in compliance with this rule will be required to leave the competition grounds immediately.

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

Signature _____ **Date** _____