

**\*\*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.

Date (Day/Month/Year)	Place and Country	Vaccine			Name, Signature, and/or Stamp of Veterinarian
		Name	Batch	Route Mode	

**To be filled out by person submitting form:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

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