



# US EQUESTRIAN VACCINATION RECORD: EQUINE INFLUENZA AND EQUINE HERPES

Owner Name: \_\_\_\_\_

Horse Name: \_\_\_\_\_

This form may be used to document Equine Influenza and Equine Herpes Virus (Rhinopneumonitis) vaccinations as defined in USEF GR845.

Route modes: IM = intramuscular IN=intranasal

Date	Place and Country	Vaccine			Name, Signature, and/or Stamp of Veterinarian
		Name	Batch	Route Mode	
				IM IN	
				IM IN	
				IM IN	
				IM IN	
				IM IN	
				IM IN	
				IM IN	
				IM IN	
				IM IN	
				IM IN	