

LEAVENWORTH COUNTY 4-H HORSE PROGRAM
EQUINE VACCINATION CERTIFICATION

OWNER _____ PHONE _____

ADDRESS _____ COUNTY _____
(STREET) (CITY) (STATE)

Horse #1

Horse #2

Name _____
Breed _____
Sex _____ Age _____
Color _____
Markings _____

Name _____
Breed _____
Sex _____ Age _____
Color _____
Markings _____

Required Vaccinations
EW Encephalitis _____
Tetanus _____
Influenza _____
Rhino _____

Required Vaccinations
EW Encephalitis _____
Tetanus _____
Influenza _____
Rhino _____

Optional Vaccinations
West Nile _____
Rabies _____

Optional Vaccinations
West Nile _____
Rabies _____

Date Vaccinated _____
Date Wormed _____

Date Vaccinated _____
Date Wormed _____

Horse #3

Horse #4

Name _____
Breed _____
Sex _____ Age _____
Color _____
Markings _____

Name _____
Breed _____
Sex _____ Age _____
Color _____
Markings _____

Required Vaccinations
EW Encephalitis _____
Tetanus _____
Influenza _____
Rhino _____

Required Vaccinations
EW Encephalitis _____
Tetanus _____
Influenza _____
Rhino _____

Optional Vaccinations
West Nile _____
Rabies _____

Optional Vaccinations
West Nile _____
Rabies _____

Date Vaccinated _____
Date Wormed _____

Date Vaccinated _____
Date Wormed _____

VACCINATION SUPPLIER _____

VETERINARIAN SIGNATURE _____