

Equine Health Library Vaccination Record



Name of Horse _____ Owner _____ Barn Name _____
 Registration No. _____ Microchip No. _____ Sire _____ Dam _____
 Breed _____ Sex _____ Foaling Date _____ Veterinarian _____

Vaccination	Date	Date	Date	Date	Date	Date
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Essential vaccinations

Tetanus Toxoid						
EEE & WEE (Encephalomyelitis)						
West Nile Virus						
Rabies						

Risk-based vaccinations

EHV-1/EHV-4 (Respiratory)						
Equine Influenza						
Potomac Horse Fever						
<i>Strep. equi</i> (Strangles)						
Botulism						
Other: _____						
Other: _____						
Other: _____						



If we always do right by the horse, we'll never do wrong.