



CERTIFICATE OF VACCINATION

This is to certify that _____
 (Horse's Registered Name) (Color) (Sex) (USEF #)

Owner: _____ Trainer: _____

Owner's phone number: _____ Trainer's phone number: _____

Has on the date indicated been vaccinated as indicated below:

Date Administered	Vaccine Name/Disease	Name of manufacturer & lot/serial number	Stamp or signature of person Responsible for vaccination