

# Maple Ridge Equi-Sports Centre

## Certificate of Vaccinations

One form per horse competing to be completed by veterinarian and submitted to the Show Secretary prior to receiving a competition number.

**Name of Horse** (as entered in competition): \_\_\_\_\_

\_\_\_\_\_ **Name of Horse Owner:**

### Date and Name of Most Recent Vaccinations

**Date for EHV-1/4 (Rhinopneumonitis):** \_\_\_\_\_

**Name of vaccine:** \_\_\_\_\_

**Date for EIV (Influenza):** \_\_\_\_\_

**Name of vaccine:** \_\_\_\_\_

**OR**

**Date for Combination Flu/Rhino:** \_\_\_\_\_

**Name of vaccine:** \_\_\_\_\_

**Per Equestrian Canada Article 519A - Vaccinations:** The horse named above has been enrolled in a regular and consistent program of vaccination against EHV-1/4 and EIV with the most recent booster being within six (6) months (+21 days grace period) but not 7 days prior to arrival of the competition start date.

**Veterinarian (please print):** \_\_\_\_\_

**Veterinarian Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

### **Declaration of Person Responsible** (must be 18+ years of age)

The horse named above has not shown any symptoms of, been treated for, or been exposed to any horses showing symptoms of/being treated for any of the following within the past 28 days: **EHV-1/4** and/or **EIV** and/or **vesicular stomatitis (VS)**.

Horses not in compliance with this rule will be required to leave the competition grounds immediately.

I, \_\_\_\_\_ (print name) agree with the above statements.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_