

Kelowna Riding Club

Certificate of Vaccinations

One form per horse to be completed by veterinarian and submitted to the Competition Office prior to receiving competition number.

Name of Horse (as entered in competition): _____

Name of Owner: _____

Date and Name of Most Recent Vaccinations

Date for EHV-1/4
(Rhinopneumonitis): _____ Name of vaccine: _____

Date for EIV (Influenza): _____ Name of vaccine: _____

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: _____

Person Responsible (18+ years of age):

The horse named above has not shown any symptoms of, or been treated for, EHV-1/4 and EIV within the past 28 days.

The horse named about has not been exposed to any horses that have shown any symptoms of or been treated for, EHV-1/4 and EIV within the past 28 days.

Horses not in compliance with this rule will be asked to leave event site at the discretion of competition management.

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

(Signature) Date: _____

Please email completed form to hjshow@kelownaridingclu.ca
prior to arrival on Show Grounds.

