

## VACCINATION RECORD: EQUINE INFLUENZA AND EQUINE HERPES UNITED STATES EQUESTRIAN FEDERATION

Owner Name:
Horse Name:
This form may be used to for documenting Equine Influenza and Equine Herpes Virus (Rhinopneumonitis) vaccinations as defined in USEF GR845.

D. I.	Vaccine				
Date (Day/Month/Year)	Place and Country	Name	Batch	Route Mode	Name, Signature, and/or Stamp of Veterinarian