

4-H State Horse Show Requirements Documentation

Exhibitor Name: _____

Exhibitor County: _____

Name and Dates of Event: _____

Name of Horse: _____

Name of Vet: _____ Vet Phone #: _____

Vaccinations Given

Equine Influenza Vaccine: Date Given: _____ Administer Signature: _____

Rhinopneumonitis (EHV): Date Given: _____ Administer Signature: _____

Six Way Vaccination: Date Given: _____ Administer Signature: _____

5 Days Certificate of Veterinary Inspection

Date: _____ Horse Temperature: _____ Vet Signature: _____

Vet Comments:

3 Day Temperature Check

Date: _____ Horse Temperature: _____ Exhibitor Signature: _____

Date: _____ Horse Temperature: _____ Exhibitor Signature: _____

Date: _____ Horse Temperature: _____ Exhibitor Signature: _____

Horse Show Temperature Check

Date: _____ Horse Temperature: _____ Exhibitor Signature: _____

Date: _____ Horse Temperature: _____ Exhibitor Signature: _____

Vet Comments for Special Circumstances:

