



# Broadwater County 4-H

## Horse Vaccination Report

Vaccination report is due on **MAY 1<sup>st</sup>** or the first riding practice, whichever is first.  
Required vaccinations include influenza, tetanus, rhinovirus and encephalitis (sleeping sickness).

### Owner/Rider Information

*\*Indicate if rider information is different from owner.*

Owner Name:

Rider Name \*:

### Horse Information

Horse Name:

Is there a Horse ID Form on file for this horse at the Extension Office?    Yes                  No

### Vaccination Information

Vaccine	Manufacturer	Date of Vaccination (m/d/y)

### Vaccinated By

Vaccinated By *(please print)* \*:

Signature:

Vaccinated By *(please print)* \*:

Signature:

Vaccinated By *(please print)* \*:

Signature:

*\*If administered by multiple people, please indicate which vaccine was administered by each signor.*

Please mark if a Leader's Horse:

Leaders Name:

City:

Phone: