# 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.

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