4-H Horse Health Information Form

Complete a separate form for each project animal. Keep a copy of this and take it and proof of items 1-7 below with you to all 4-H events with horses.

Animal's Registered Name:			
Animal's Barn Name:			
4-H Member Name:			
Club Name:	4-H County:		
Street Address:			
City:	State:	Zip:	
Phone: ()	_ County:		
Name of veterinarian:			
Name of group (if partnership):			
Street Address:			
City:	State:	Zip:	
Phone: ()	_ County:		
Because of the importance to the health of your animal and other animals around it, there are some very important tests and vaccinations <i>required</i> by the state of New Jersey and/or the 4-H program.			
Required test/vaccination			Date
1. Original Copy of negative Coggins Test within 12 months of State 4-H Horse Show			
2. Eastern Encephalitis vaccination within 12 of State 4-H Horse Show			
3. Tetanus vaccination within 12 months of State 4-H Horse Show			
4. Rabies vaccination within 12 months of State 4-H Horse Show			
5. West Nile Virus vaccination within 12 months of State 4-H Horse Show			
6. Equine Influenza Vaccination within 6 months of State 4-H Horse Show			
7. Equine Herpesvirus (or rhinopneumonitis) within 6 months of State 4-H Show			
*Dates specified are subject to change. For items 2-7 above, proof may be in one of the following ways, attached to this form: A. Dated, itemized bill from veterinarian stating horse's name and type of vaccinations; or B. Veterinary Certificate, stating horse's name and vaccinations with dates given, sign by veterinarian; or C. Completion of form by veterinarian: [name of veterinarian]			
have administered all of the above required vaccina	ations to:		ŕ
Horse's Name:	on (da	ite):	
Veterinarian's signature:	D:	ate:	