

## **BC Equestrian Eventing Association Certificate of Vaccinations 2024**

**Required for all EC-Sanctioned Eventing Competitions** 

One form per horse competing to be completed and submitted to the Show Secretary prior to receiving a competition number.

Name of Horse Owner:

## DATE AND NAME OF MOST RECENT VACCINATIONS

Date for EHV-1 & 4			
(Rhinopneumonitis):	Name of Vaccine:		
Date for EIV			
(Influenza):	Name of Vaccine:		
	OR		
Date for Combination			
Flu/Rhino:	Name of Vaccine:		
been administered Equ	<b>ARTICLE A519 VACCINATIONS:</b> All horses attending EC-sanctioned competitions must have une Influenza and Equine Herpes Virus (1 and 4) vaccinations within six (6) months (+21 ore arrival at the competition. No horse shall have received vaccination within seven (7) the event.		

Veterinarian				
(please print):				
Veterinarian Signature:	OR	Alternati	ve Verification Docum (choose one):	nent Provided
Date Signed:		Invoice	Other Certificate	Official Letterhead

## Declaration of Person Responsible (must be 18+ years of age)

The horse named above has not shown any symptoms of, been treated for, or been exposed to any horses showing symptoms of/being treated for any of the following within the past 28 days: EHV-1/4 and/or EIV and/or vesicular stomatitis (VS).

Horses not in compliance with this rule will be required to leave the competition grounds immediately.

Ι,	(print name) agree with the above statements.	
Signature:	Date:	