Horse Vaccination Record

Horse Name:_____ Page_____of_____

Veternarian:_____ Phone No:_____

Disease/Vaccine	**Year** _____	**Year** _____	**Year** _____	**Year** _____	**Year** _____
EEE, WEE, & VEE Encephalomyelitis					
Tetanus Toxoid					
EHV-1 & EHV-4					
Rabies					
Potomac Horse Fever					
Strangles					
West Nile Virus					
Equine Influenza					
Botulism					
Equine Viral Arteritis					
Rotavirus A					
Other:					
Other:					
Other:					
Other:					
Other:					