

Certificate of Vaccinations

One form per horse is to be completed by the person responsible for the care of the horse ("Person Responsible") and a veterinarian and submitted to the Competition Office prior to receiving a competition number. Veterinarian endorsement will be valid and kept on file by SSITS for six months from the date of the most recent vaccine.

Name of Owner: _____

Name of Horse (As entered in competition): _____

Date and Name of Most Recent Vaccinations:

Date for Combination Flu/ Rhino: _____

Name of Vaccine: _____

Veterinarian (Please print) : _____

Veterinarian Signature : _____

Date Signed : _____

Per Equestrian Canada Article 519A - Vaccinations: The horse named above has been enrolled in a regular and consistent program of vaccination against EHV- 1/4 and EIV with the most recent booster being within six months but not 7 days prior to arrival of the competition start date

Person Responsible (18+ Years of age) : _____

The horse named above has not shown any symptoms of, or been treated for, EHV- 1/4 and EIV within the past 28 days. The horse named about has not been exposed to any horses that have shown any symptoms of or been treated for, EHV- 1/4 and EIV within the past 28 days. Horses not in compliance with this rule will be asked to leave event site at the discretion of competition management.

I, _____ (Print Name) agree with the above statements.

_____ (Signature) Date: _____

Please email completed form to ssitsdeposit@gmail.com prior to arrival for ease of registration.