



THE STABLE
On The Woods

Spring Fling

ADULT EVENT CAMP • APRIL 13 - 17, 2009

VACCINATION RECORD

Owner's Name: _____

Contact Number(s): _____

Horse's Name: _____

Vaccine		Date Administered	Veterinarian/Clinic Name
Rabies	<input type="checkbox"/>	_____	_____
Tetanus	<input type="checkbox"/>	_____	_____
WEE	<input type="checkbox"/>	_____	_____
EEE	<input type="checkbox"/>	_____	_____
Flu/Rhino	<input type="checkbox"/>	_____	_____
West Nile	<input type="checkbox"/>	_____	_____
Strangles	<input type="checkbox"/>	_____	_____

I hereby certify that the above information is correct and all required vaccines are up-to-date.

Owner's Signature/Date

Veterinarian's Signature/Date

Owner's Name (Print)

Veterinarians' Name (Print)