

Alberta Charity Horse Show



EQUESTRIAN CANADA ARTICLE A519: "All horses attending Equestrian Canada sanctioned competitions must have been administered Equine Influenza and Equine Herpes Virus (1&4) vaccinations within 6 months (+21 days grace period) before arrival at the event. No horse shall receive vaccination within 7 days prior to arrival at the event."

**HORSES NOT IN COMPLIANCE WITH THIS RULE WILL BE ASKED TO LEAVE THE EVENT SITE BY COMPETITION MANAGEMENT.**

**COMPETITION MANAGEMENT REQUIRES SUPPORTING DOCUMENTATION CONFIRMING A HORSE'S COMPLIANCE WITH MANDATORY VACCINATION REQUIREMENTS.**

In the case of a horse that is unable to receive either of the vaccines, a letter from a veterinarian on official letterhead must be provided with the entry form, stating the horse cannot be vaccinated due to medical concerns. At the discretion of competition management, a log of the horse's temperature prior to arrival at the event site or during the event can be requested.

The frequency of vaccine administration should be as recommended by the vaccine manufacturer or veterinarian. It is recommended that vaccines be administered by or under the direction of a veterinarian. However, If the veterinarian does not administer the vaccine, the Person Responsible will provide the following information:

### **VACCINATION DOCUMENTATION**

Horse's Registered Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Name of Vaccine: \_\_\_\_\_

Serial Number of Vaccine: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Date Administered: \_\_\_\_\_ (day/month/year)

Name of Vaccine: \_\_\_\_\_

Serial Number of Vaccine: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Date Administered: \_\_\_\_\_ (day/month/year)

Equine Influenza

Rhinopneumonitis (Equine Herpes 1 & 4)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE All information is true and correct.

**ATTACH RECEIPT COPY OF THE VACCINE PURCHASE**

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Owner's Name: \_\_\_\_\_

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