

Barton County 4-H Horse Project Equine Vaccination Certificate

To be completed and attached to Horse ID Certificate. Due MAY 1 of each year!

Owner of Horse _____

Address _____

Address where horse is kept _____

Phone _____

1. Horse name _____

Breed _____ Age _____

Sex _____ Color _____

Markings _____

Vaccinations Given – Record Date Given

Required: Sleeping sickness _____

Tetanus _____

Influenza _____

* Rabies _____

* * Coggins Test _____

* Required in Barton Co.

** Required by District or State

Optional: Rhino _____

Distemper _____

Arteritis _____

Wormed _____

Veterinarian Signature _____

2. Horse name _____

Breed _____ Age _____

Sex _____ Color _____

Markings _____

Vaccinations Given – Record Date Given

Required: Sleeping sickness _____

Tetanus _____

Influenza _____

* Rabies _____

* * Coggins Test _____

* Required in Barton Co.

** Required by District or State

Optional: Rhino _____

Distemper _____

Arteritis _____

Wormed _____

Veterinarian Signature _____