

HORSE HEALTH INFORMATION

Complete a separate form for each horse and take with you to any United States Pony Club (USPC) event including mounted meetings and rallies. Turn-in a copy of this form to your DC no later than April 15th of each year.

Pony Club Member: _____

Animal's Registered Name: _____

Name of Veterinarian: _____

Name of Veterinary Practice: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____

Because of the importance to the health of your animal and other animals around it, the following test and vaccinations are **required** by the state of New Jersey and the USPC.

REQUIRED TEST/VACCINATION	DATE
1. Original Copy of negative Coggins Test	
2. Eastern equine encephalomyelitis (EEE) or bivalent (EEE + western equine encephalomyelitis [WEE])	
3. Tetanus vaccination	
4. Rabies vaccination	
5. Flu/Rhino (influenza + rhinopneumonitis)	

For items 2-5 above, proof may be in one of the following ways, attached to this form:

- Dated and itemized bill from the veterinarian stating the horse's name and type of vaccinations; or Veterinary Certificate stating the horse's name and vaccinations with dates given, signed by the veterinarian; or
- Completion of the above form by the veterinarian.

Additional vaccinations recommended: Strangles, Potomac Horse Fever, and West Nile.

I, _____ (name of veterinarian) have administered all of the above vaccinations to _____ (horse's name) on ___/___/___ (date)

Veterinarian's signature: _____ **Date:** ___/___/___