



FOAL IMMUNIZATION RECORD



RESEARCH • PERFORMANCE • INTEGRITY

Name of Horse _____ Registration No. _____ Tattoo No. _____

Sire _____ Dam _____

Breed _____ Sex _____ Foaling Date _____

Veterinarian _____

DISEASES TO VACCINATE FOR	YEAR _____ INITIAL/BOOSTER	YEAR _____ INITIAL/BOOSTER	YEAR _____ INITIAL/BOOSTER	YEAR _____ INITIAL/BOOSTER	YEAR _____ INITIAL/BOOSTER	YEAR _____ INITIAL/BOOSTER	YEAR _____ INITIAL/BOOSTER
EEE & WEE Encephalomyelitis							
Tetanus Toxoid							
EHV-1 & EHV-4 (Respiratory Rhinopneumonitis)							
Equine Influenza							
West Nile Virus							
Rabies							
Potomac Horse Fever							
<i>Streptococcus equi</i> (Strangles)							
Other: _____							
Other: _____							
Other: _____							