

Owner Administered Required Shots

Owner Name: _____ Horse Name: _____

Shot Name	Manufacturer	Lot No:	Date
Required			
Tetanus			
West Nile Virus (WNV)			
Eastern Encephalomyelitis (EEE)			
Western Encephalomyelitis (WEE)			
Equine Herpesvirus/Rhino (EHV1)			
Equine Herpesvirus/Rhino (EHV4)			
Equine Influenza			
Suggested Not Required			
Potomac Horse Fever			

Board Member's Signature