

# 4-H Horse Health Information Form

Complete a separate form for each project animal. Keep a copy of this and take it and proof of items 1-7 below with you to all 4-H events with horses.

Animal's Registered Name: \_\_\_\_\_

Animal's Barn Name: \_\_\_\_\_

4-H Member Name: \_\_\_\_\_

Club Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Name of veterinarian: \_\_\_\_\_

Name of group (if partnership): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Because of the importance to the health of your animal and other animals around it, there are some very important tests and vaccinations **required** by the state of New Jersey and/or the 4-H program.

Required test/vaccination	Date
1. Original Copy of negative Coggins Test within 12 months of State 4-H Horse Show	
2. Eastern Encephalitis vaccination within 12 of State 4-H Horse Show	
3. Tetanus vaccination within 12 months of State 4-H Horse Show	
4. Rabies vaccination within 12 months of State 4-H Horse Show	
5. West Nile Virus vaccination within 12 months of State 4-H Horse Show	
6. Equine Influenza Vaccination within 6 months of State 4-H Horse Show	
7. Equine Herpesvirus (or rhinopneumonitis) within 6 months of State 4-H Show	

\*Dates specified are subject to change.

For items 2-7 above, proof may be in one of the following ways, attached to this form:



- A. Dated, itemized bill from veterinarian stating horse's name and type of vaccinations; or
- B. Veterinary Certificate, stating horse's name and vaccinations with dates given, sign by veterinarian; or
- C. Completion of form by veterinarian:

I, \_\_\_\_\_ (name of veterinarian)

have administered all of the above required vaccinations to:

Horse's Name: \_\_\_\_\_ on (date): \_\_\_\_\_

Veterinarian's signature: \_\_\_\_\_ Date: \_\_\_\_\_