

Woodland View Farm Health Requirements

Owner Name: _____

Horses Name: _____

1. **Coggins** negative within the last 6 months date: _____

2. **Deworming** with an ivermectin product within the last 2 weeks. Product _____ Date: _____

3. **Vaccinations.** Required within the **last 12 months**

A. Tetanus

Product _____

Serial Number _____ Date _____

Given _____

B. Eastern and Western Encephalomyelitis

Product _____

Serial Number _____ Date Given _____

C. West Nile Virus Product _____

Serial Number _____ Date Given _____

D. Rabies Product _____

Serial Number _____ Date Given _____

Required 10-30 days prior to arrival

E. Influenza Product _____ Serial Number _____ Date Given _____ **(The initial series requires a minimum of 2 doses 3-4 weeks apart and must be completed before arrival otherwise a booster will be given 3-4 weeks after the first dose.)**

F. Rhinopneumonitis Product _____

Serial Number _____ Date Given _____ **(The initial series requires a minimum of 2 doses 3-4 weeks apart and must be completed before arrival otherwise a booster will be given 3-4 weeks after the first dose.)**

G. Strangles Product _____ Serial Number _____

Date Given _____ (The initial series of 2
doses 3-4 weeks apart must be completed before arrival otherwise a booster will be given 3-4 weeks after the first dose.)

4. Are there any health concerns we should be aware of? _____

5. Is your horse insured? Company: _____

Phone Number: _____

Signature: _____