

WILLIAMS COUNTY EQUINE VACCINE CERTIFICATE

Need to be administered by the 1st Thursday in June.

Name_____Telephone_____

Name of Animal_____Sex_____Age_____

Vaccines:

	Date	Name of Vaccine
Eastern Encephalitis*		
Western Encephalitis*		
Influenza*		
Tetanus*		
Equine Herpes/Rhino*		
West Nile*		
Strangles - Optional		
EPM - Optional		

*Required Vaccines

I certify the above named equine was vaccinated by:

Print Name

Date

Signature of Person Who Administered

Telephone Number

Exhibitor

Exhibitor Parent/Guardian

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THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



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