

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 1-4 below with you to all 4-H events with horses.

Animal's registered name: _____

4-H Member: _____

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 test 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 (*Current within 24 months prior to the date of the State 4-H Horse Show or 24 months from date of State 4-H Trail Ride.)	
2. Eastern Encephalitis or Bivalent Encephalitis vaccination (*Current within 12 months prior to the date of State 4-H Horse Show or State 4-H Trail Ride.)	
3. Tetanus vaccination (*Current within 12 months prior to the date of State 4-H Horse Show or State 4-H Trail Ride.)	
4. Rabies vaccination (*Current within 12 months prior to the date of State 4-H Horse Show or State 4-H Trail Ride.)	

*Dates specified are subject to change.



For items 2-4 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, signed 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 _____