



Preadmission certificate - Equine Hospital

Horse name : _____

Owner : _____

Stable : _____

For emergencies: can be completed over the phone and attached to the file.

Vaccination

Important : all elective (non-emergency) appointments require a booster vaccination (or primary vaccination) against Influenza and Herpesvirus that is less than 6 months old (and more than 7 days old).

FOR ELECTIVE APPOINTMENTS	Vaccine name	Date of last vaccination
Influenza		
Herpesvirus 1.4		
OTHER INFECTIOUS DISEASES (For medical record)	Vaccine name	Date of last vaccination
West Nile Virus		
Eastern and western equine encephalitis		
Tetanus		
Rabies		
Strangles		
Botulism		
Potomac horse fever		
Other :		

General history (biosecurity):

- **Has the horse shown any cough, fever, nasal discharge or diarrhea in the past 2 weeks?**
 Yes (date of the last signs: _____) No Unknown
- **Have the horses in the stable shown any signs of respiratory illness, fever or diarrhea during the past 2 weeks?**
 Yes (date of the last signs: _____) No Unknown

Signature of veterinarian

I confirm that the information is correct.

Name and last name : _____

Signature : _____

Date : _____