



Preadmission certificate Equine Hospital

Horse name : _____

Owner : _____

Stable : _____

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

Vaccination history

- **Influenza** : this horse is vaccinated against influenza (primary vaccination and booster in the last 6 months, at least one week before admission). *For the moment, elective unvaccinated cases are not admitted.*

Yes (date of last vaccine booster : _____) No Unknown

Name of vaccine if known: _____

- **Herpes virus** : this horse is vaccinated against herpes (EHV) (primary vaccination and booster in the last 6 months, at least one week before admission).

Yes (date of last vaccine booster : _____) No Unknown

Name of vaccine if known: _____

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 : _____