



VACCINATION FORM

Western Canadian Breeders Championship
June 26- June 28, 2026
EC Silver #260286 AHA 261716651



Required for all EC Sanctioned Competitions

“All horses attending Equestrian Canada sanctioned competitions must have met the requirements of **Article A519, Vaccinations**.

All horses must have been administered Equine Influenza and Equine Herpes Virus (1&4) vaccinations within 6 months (+21 days grace period) before arrival at the event. No horse shall receive vaccination within 7 days prior to arrival at the event.

It is recommended that vaccines be administered by or under the direction of a veterinarian.

If vaccines were administered by a veterinarian, a letter from the Vet can be sent in with the entry forms. If self administered, a completed vaccination compliance form must be sent in with the entries.

In the case of a horse that is unable to receive either of the vaccines, a letter from a veterinarian on official letterhead must be provided with the entry form, stating the horse cannot be vaccinated due to medical concerns. At the discretion of competition management, a log of the horse’s temperature prior to arrival at the event site or during the event can be requested.

Registered Name of Horse: _____

Name of Horse Owner: _____

<i>Date for EHV-1 & 4 (Rhinopneumonitis)</i>		<i>Name of Vaccine</i>	
<i>Date for EIV- (Influenza)</i>		<i>Name of Vaccine</i>	
OR			
<i>Date for Combination Flu/Rhino</i>		<i>Name of Vaccine</i>	
<i>Veterinarian Please Print</i>		OR	<i>Alternative Verification Document Provided (Choose One)</i>
<i>Veterinarian Signature</i>		<input type="checkbox"/>	<i>Vaccine receipt - attached - self declare as vaccinated</i>
<i>Date Signed:</i>		<input type="checkbox"/>	<i>Other Certificate/documentation</i>
		<input type="checkbox"/>	<i>Official Letterhead</i>

Declaration of Person Responsible (must be over 18 years of age)

The horse named above has not shown any symptoms of, been treated for, or been exposed to any horse showing symptoms of/being treated for any of the following within the past 28 days: EHV – 1-4 and/or EIV. Horses not in compliance with this rule will be required to leave the competition grounds immediately.

I, _____ (print name) agree with the above statements and declare that all information is correct and that the vaccination requirements have been met as per EC Article A519

Signature: _____ **Date:** _____