

NEW YORK STATE EQUINE VIRAL ARTERITIS (EVA) VACCINATION CERTIFICATE

NAME OF HORSE _____

REGISTRATION # _____ SEX _____

OWNED BY _____

Farm Name _____

Farm Address _____

DATE OF VACCINATION _____

SIGNATURE OF ACCREDITED VETERINARIAN _____

SIGNATURE OF OWNER OR
MANAGER OF STALLION/MARE _____

VACCINATION MUST BE COMPLETED AT LEAST 21 DAYS PRIOR TO BREEDING ANY MARES

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IMPORTANT:

PLEASE COMPLETE THIS SECTION ONLY IF THIS IS THE INITIAL VACCINATION

FIRST INITIAL VACCINATION FOR EVA MUST BE ACCOMPLISHED WITHIN 30 DAYS OF
A BLOOD TEST FOR EVA STATUS TO BE OFFICIAL.

A.) DATE OF BLOOD TEST FOR EVA _____

B.) RESULTS OF EVA BLOOD TEST _____

NOTE: If stallion tests **NEGATIVE** one may either vaccinate or not, however, if you
choose **NOT** to vaccinate the stallion **MUST** be tested yearly.