

SAMPLE: HERD HEALTH VACCINATION RECORD (EQUINE)

(where no protocol exists)

Client ID:	Animal/Herd ID:
Veterinarian:	Date:

Disease to be vaccinated for:	IBR, BVD, PI-3, BRSV / Leptospirosis
Age group to be vaccinated:	
Vaccine Type:	
Primary Dose:	
Site of Administration:	
Dosage and needle size:	
Slaughter or milk withdrawal:	

Disease to be vaccinated for:	Neonatal Scours
Age group to be vaccinated:	
Vaccine Type:	
Primary Dose:	
Site of Administration:	
Dosage and needle size:	
Slaughter or milk withdrawal:	

Disease to be vaccinated for:	
Age group to be vaccinated:	
Vaccine Type:	
Primary Dose:	
Site of Administration:	
Dosage and needle size:	
Slaughter or milk withdrawal:	