Horse/Pony Health regulations to exhibit at the Logan County Fair

All horses and ponies will be required to have this certificate of vaccination on file at the Extension Office in order to participate in the Logan County Fair Horse Show.

Exhibitors: (1) Complete this top section: (2) Take this form to your veterinarian or person who will administer the vaccines and have him/her complete & sign lower section.

Exhibitor’s Name __________________________ County ______________________

Address __________________________ (Street or P.O. Box) __________________________ (City) __________________________ (Zip) __________________________

4-H Club Name __________________________ Phone # __________________________

Name of Horse or Pony __________________________

Weanlings and yearlings must have their first vaccination and a booster anytime in year prior to fair, but before June 18 of fair year. Any animal that has never been vaccinated, or has not been vaccinated in the last 4 years, must receive their first vaccination and a booster anytime in year of fair but before June 18 year of fair.

All horses and ponies are required to have the following vaccines: Flu/rhino, ewt (Eastern Western Tetanus). It is not required but highly recommended to have the strangles vaccine. This Certificate of vaccination must be turned in to the Extension Office by June 30.

THE INFORMATION BELOW IS TO BE COMPLETED & SIGNED BY YOUR VETERINARIAN or the person who administered the vaccines.

**VACCINATIONS REQUIRED FOR THE LOGAN COUNTY JUNIOR FAIR HORSE SHOW:** All required vaccinations must be given after August 1 year prior to fair and before June 18 year of fair.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date Vaccination Given</th>
<th>Lot #</th>
<th>Exp./ Date</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Flu/Rhino</td>
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<tr>
<td>Ewt (Eastern Western Tetanus)</td>
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<tr>
<td>Strangles – not required but highly recommended</td>
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</tbody>
</table>

I hereby verify that a licensed, accredited veterinarian OR QUALIFIED PERSON has vaccinated the above HORSE OR PONY.

(Signature of person who administered the vaccines) __________________________ (Date)

(P. O. Box or Street No.) __________________________

(City) __________________________ (State) __________________________ (Zip) __________________________

(Phone) __________________________

(Please check the appropriate space)
Person who administered vaccines __ licensed, accredited veterinarian __ other (ie. advisor, parent, etc.)