



AMERICAN QUARTER HORSE ASSOCIATION

Equine Viral Arteritis (EVA) Vaccination Report Form

If a horse is vaccinated for EVA you may, but are not required to, report the test and vaccination to AQHA so that a permanent, public record of the vaccination is documented.

The information provided below will be recorded by AQHA on its records as a service and convenience to AQHA members. The test and vaccination information will be made available to anyone requesting and will become a part of the horse's permanent record. AQHA assumes no responsibility for the accuracy of the information. Please return this completed form along with the original certificate of registration to the address at the bottom of this form, attention: EVA Report.

HORSE'S REGISTERED NAME

AQHA REGISTRATION NUMBER

Testing Information

FEDERALLY ACCREDITED

NAME OF TESTING LABORATORY

YES NO

LOCATION OF LABORATORY (CITY AND STATE)

TEST DATE 1

ACCESSION NUMBER

TEST 1 RESULT (CHOOSE ONLY ONE)

POSITIVE NEGATIVE

TEST DATE 2, IF APPLICABLE

ACCESSION NUMBER

TEST 2 RESULT (CHOOSE ONLY ONE)

POSITIVE NEGATIVE

DATE OF VACCINATION

MANUFACTURER OF VACCINE

VACCINE SERIAL #

EXPIRATION DATE OF VACCINE

I hereby certify that the information provided on this document for the horse identified above is true and correct to my personal knowledge.

SIGNATURE OF LICENSED VETERINARIAN
VACCINATING THE HORSE

SIGNATURE OF OWNER/LESSEE OR AUTHORIZED AGENT

STATE LICENSE NUMBER

TELEPHONE NUMBER

TELEPHONE NUMBER

PRINTED NAME OF VETERINARIAN

PRINTED NAME OF OWNER/LESSEE

ADDRESS

ADDRESS

CITY, STATE AND ZIP CODE

CITY, STATE AND ZIP CODE