



THIS FORM MUST ACCOMPANY THE MARE WHEN SHE ARRIVES AT THE RANCH

DATE: _____

MARE'S NAME: _____

OWNER: _____

MAIDEN MARE	<input type="checkbox"/> EVA CERTIFICATE <input type="checkbox"/> EQUINE HERPES VIRUS TYPE 1 CERTIFICATE <input type="checkbox"/> 4 WAY VACCINE DATE _____ <input type="checkbox"/> DEWORMING DATE _____ <input type="checkbox"/> RABIES VACCINE DATE _____ <input type="checkbox"/> WEST NILE VACCINE DATE _____ <input type="checkbox"/> PINNACLE OR STREP VACCINE DATE _____
PREGNANT MARE	<input type="checkbox"/> EVA CERTIFICATE <input type="checkbox"/> EQUINE HERPES VIRUS TYPE 1 CERTIFICATE <input type="checkbox"/> 4 WAY VACCINE DATE _____ <input type="checkbox"/> DEWORMING DATE _____ <input type="checkbox"/> RABIES VACCINE DATE _____ <input type="checkbox"/> WEST NILE VACCINE DATE _____ <input type="checkbox"/> PINNACLE OR STREP VACCINE DATE _____ <input type="checkbox"/> FOALING DUE DATE _____
MARE WITH FOAL	<input type="checkbox"/> EVA CERTIFICATE <input type="checkbox"/> EQUINE HERPES VIRUS TYPE 1 CERTIFICATE <input type="checkbox"/> 4 WAY VACCINE DATE _____ <input type="checkbox"/> RABIES VACCINE DATE _____ <input type="checkbox"/> WEST NILE VACCINE DATE _____ <input type="checkbox"/> PINNACLE OR STREP VACCINE DATE _____ <input type="checkbox"/> FOALING DATE _____ <input type="checkbox"/> DEWORMING DATE POST FOALING _____ <input type="checkbox"/> IgG DATE AND RESULTS _____ <input type="checkbox"/> R. EQUI PLASMA DATE _____
BARREN MARE	<input type="checkbox"/> EVA CERTIFICATE <input type="checkbox"/> EQUINE HERPES VIRUS TYPE 1 CERTIFICATE <input type="checkbox"/> 4 WAY VACCINATION DATE _____ <input type="checkbox"/> RABIES VACCINE DATE _____ <input type="checkbox"/> WEST NILE VACCINE DATE _____ <input type="checkbox"/> PINNACLE OR STREP VACCINE DATE _____ <input type="checkbox"/> DEWORMING DATE _____ <input type="checkbox"/> BREEDING HISTORY INCLUDING LAST FOALING DATES, LAST DATES BRED AND PROCEDURES PERFORMED



EVERY horse (this includes mares hauling in for breeding or vet work) entering our facilities must have 1) a current (within 10 days) health certificate and 2) a current (more than 7 and less than 90 days) Equine Herpes Virus Type 1 (Rhino) vaccination and one of the following:

- Documented vaccination with Fort Dodge ARVAC (Equine Viral Arteritis) vaccine **more than 30 days and less than 10 months before arrival** at the breeding facility. Vaccinated horses meeting these criteria will be admitted to the facility immediately.

OR

- Documentation of an Equine Viral Arteritis (serum neutralization) test.
 - Mares with **positive** Equine Viral Arteritis tests (and no history of vaccination) will be allowed to enter the general population 30 days after testing.
 - Non-pregnant mares with **negative** Equine Viral Arteritis tests will need to be vaccinated and quarantined for 21-30 days prior to arrival. We strongly urge our clients to vaccinate non-pregnant mares immediately so they can enter the farm with no delays.
 - Pregnant mares with **negative** Equine Viral Arteritis tests will be allowed to enter the facility immediately if the test is taken within 30 days of arrival. We urge you to talk to your veterinarian about vaccinating your pregnant mare.

EVA CERTIFICATE

MARE'S NAME _____

EQUINE VIRAL ARTERITIS TEST DATE _____

EQUINE VIRAL ARTERITIS VACCINE DATE _____ LOT NUMBER _____

VETERINARIAN PHONE NUMBER _____

VETERINARIAN NAME _____

VETERINARIAN SIGNATURE _____

PLEASE PROVIDE COPIES OF EVA TEST RESULTS SHOWING HORSE'S NAME AND DATE



OASIS RANCH, INC.

pb

EQUINE HERPES VIRUS TYPE 1 VACCINATION CERTIFICATE

MARE'S NAME _____

EQUINE HERPES VIRUS TYPE 1 VACCINE DATE _____

VETERINARIAN PHONE NUMBER _____

VETERINARIAN NAME _____

VETERINARIAN SIGNATURE _____

EQUINE HERPES VIRUS TYPE 1 VACCINE (Pneumabort-K or Rhinomune) must be given more than 7 days and less than 90 days prior to the date of arrival.