

**Jefferson County Horse & Pony Project**  
**Health Certificate 2010 Verification of Vaccinations**

**Note: The JCHP-C (the health certificate) with detailed dated receipts attached OR a detailed, dated bill from your veterinarian (with horse's name on bill) is required to be COMPLETED AND TURNED IN TO YOUR PROJECT LEADER no later than 5/1/10 for your animal to meet the health requirement prior to exhibiting at fair. (One form per horse ID'd).**

**Please Print or type All Information**

Horseless Horse Yes \_\_\_ No \_\_\_ Horseless Buddy's Name: \_\_\_\_\_ Club: \_\_\_\_\_

Member Name: \_\_\_\_\_ Grade as of 1/01/09: \_\_\_\_\_

Name of Animal: \_\_\_\_\_ Age (Animal): \_\_\_\_\_

I, hereby verify that the required vaccinations have been administered to the above named animal.

**Equine Influenza - date of purchase** \_\_\_\_\_ **date of injection:** \_\_\_\_\_

**Tetanus – date of purchase** \_\_\_\_\_ **date of injection:** \_\_\_\_\_

**Eastern Encephalomyelitis - date of purchase** \_\_\_\_\_ **date of injection:** \_\_\_\_\_

**Western Encephalomyelitis – date of purchase** \_\_\_\_\_ **date of injection:** \_\_\_\_\_

**List any other – date of purchase** \_\_\_\_\_ **date of injection:** \_\_\_\_\_

I verify that this animal has been under the care of the youth listed above, and that these vaccinations (Receipt attached – or vet's signature below) were administered **prior to May 1, 2010**. I further verify that in compliance with State Law, a blood sample was drawn this year **prior to May 1<sup>st</sup>** and this horse has been certified free of EIA. A copy of the state certification form has been provided along with the equine's identification sheet to my child's project leader in order to exhibit at the Jefferson County Junior fair.

My signature below indicates that I accept full responsibility for the health and condition of this animal before, during, and after the 2010 Jefferson County Fair.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\* A dated proof of purchase for the vaccines or detailed vet bill (dated prior to May 1<sup>st</sup>) MUST be attached and submitted with this form. \*\*\*\*\***

**Veterinarian Signature (if no detailed bill or receipt)** \_\_\_\_\_