

### Leaders Immunization and Coggins Records

Club: \_\_\_\_\_

Leader: \_\_\_\_\_

Phone: \_\_\_\_\_

Riders Name	Horse's Name	Negative Coggins Date	EWT Date	West Nile Date	Rabies Date

**\* Attach behind this form:**

\* Copy showing proof of immunization (EWT, WN, Rabies) along with date of administered immunization

\* Copy of documentation showing Negative Coggins drawn on or after September 1st

\* Suggestions: Place copies in same order as listed above

\*\*\* Recommended Immunizations: Flu/Rhino, Potomac Horse Fever