BLENHEIM EQUISPORTS

CERTIFICATE OF VACCINATION

This is to certify that _____ _____ _____ _____

(Horse's Registered Name) (Color) (Sex) (USEF #)

Owner: _____ Trainer: _____

Owner's phone number: _____ Trainer's phone number:_____

Has on the date indicated been vaccinated as indicated below:

Date Administered	Vaccine Name/Disease	Name of manufacturer & lot/serial number	Stamp or signature of person Responsible for vaccination

Blenheim EquiSports Show Office - San Juan Capistrano, CA

(949) 443-1841 | Fax (949) 443-1843 | ShowparkVacs@gmail.com

Showpark Show Office - Del Mar, CA

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