

VETERINARIAN CERTIFICATION OF VSV INSPECTION

“I have examined all the animals identified on this certificate within seven (7) days and have found them to be free from signs of Vesicular Stomatitis (VS). During the last fourteen (14) days, these animals have not been exposed to VS nor located on a VS confirmed or a VS suspected premises.”

Animal's name/description _____

Owner's name _____

Owner's signature _____

Date _____

Veterinarian's name/print _____

Signature of Veterinarian _____

Date _____

UPON COMPLETION SUBMIT THIS FORM TO AN EQUESTRIAN CENTER STAFF MEMBER.

Owners/Members efforts to comply with this are greatly appreciated.