IMMUNIZATION AND COGGINS RECORD

Club_________________________________ Due to 4-H office July 23 by 3:00

Leader ______________________________________

Phone _______________________________

Name	Horse's Name	Immunization Date	Negative Coggins Date	**P**rimary or **A**lternate

Attach behind this form:

- ❑ Copy showing proof of immunization (minimum of 3 in 1) along with date of administered immunization
- ❑ Copy of documentation showing Negative Coggins dated within the current calendar year
- ❑ Suggestion: place copies in same order as listed above
- ❑ Suggestion: member may include copies of both their primary horse and their alternate horse