RideSport Stables 2025 Fall Vaccination Form

Name:_____ Tack Locker Letter/Number:_____

Address: _____

Phone Number:_____

Email:_____

Horses *Registered* Name: _____

Horses *Barn* Name: _____

Breed: _____

Mare ☐ Gelding ☐ Age:_____

Yes ☐	Participating in RideSport Vet Day *If No, you must have your vaccines completed before RideSport's Vet	No ☐
Pay for RS to your Hold Horse ☐	If Participating in RS Vet Day, please check Accordingly	Horse to be Left in their Stall ☐
Horse has been wormed for October and RS has been given the wormer box w/horses name ☐	Please Mark Appropriately	Have RS worm Horse (Owner Provides Wormer) ☐

Mandatory Vaccine		Date Completed	Vet Completed By
*Calvenza Flu/Rhino	☐	_____	_____
*Rabies	☐	_____	_____
*Strangles	☐	_____	_____

Optional:		Date Completed	Vet Completed By
Coggins	☐	_____	_____
Fecal Analysis	☐	_____	_____
Sheath Cleaning	☐	_____	_____
Other	☐	_____	_____

Teeth Float:		Date Completed	Vet Completed By
Teeth Checked/Dental Exam	☐	_____	_____
Maintenance Float	☐	_____	_____
Performance Float	☐	_____	_____
Other	☐	_____	_____