

**Equine Influenza and Tetanus (Flu&Tet) Claim Form**

*Please check that any vaccinations administered are supplied by one of the pharmaceutical companies supporting this reimbursement scheme.*

**Section A – Veterinary Surgeon**

I certify that I have administered (number of doses)

Of (name of vaccine)

To equines in true use with the RDA group stated below. These were certified as being in regular and fair use for the RDA.

Signed Vet Surgeon on (date)

Name Block capitals

Address

Tel No. Email

**Section B – Trustee of the** **group**

I certify that we maintain a list of equines so injected and shall, ensure to the best of the group’s ability, ensure that the immunisation programme is maintained.

Signed a Trustee on (date)

Name Block Capitals

Address

Tel No. Email

***Once completed:*** Send a COPY to the pharmaceutical company who has manufactured the vaccine. Only companies supporting the reimbursement scheme will replace the vaccine or reimburse the cost. The ORIGINAL should be retained for the group’s records.