

**Equine Influenza and Tetanus Claim Form**

**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

Vaccination Wholesaler

**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