AQHA
AMERICAN QUARTER HORSE ASSOCIATION

Equine Viral Arteritis (EVA) Vaccination Report Form

If a horse is vaccinated for EVA you may, but are not required to, report the test and vaccination to AQHA so that a permanent, public record of the vaccination is documented.

The information provided below will be recorded by AQHA on its records as a service and convenience to AQHA members. The test and vaccination information will be made available to anyone requesting and will become a part of the horse's permanent record. AQHA assumes no responsibility for the accuracy of the information. Please return this completed form along with the original certificate of registration to the address at the bottom of this form, attention: EVA Report.

HORSE'S REGISTERED NAME _____ AQHA REGISTRATION NUMBER _____

Testing Information

NAME OF TESTING LABORATORY _____ FEDERALLY ACCREDITED ❍ YES ❍ NO LOCATION OF LABORATORY (CITY AND STATE) _____

TEST DATE 1 _____ ACCESSION NUMBER _____ TEST 1 RESULT (CHOOSE ONLY ONE) ❍ POSITIVE ❍ NEGATIVE

TEST DATE 2, IF APPLICABLE _____ ACCESSION NUMBER _____ TEST 2 RESULT (CHOOSE ONLY ONE) ❍ POSITIVE ❍ NEGATIVE

DATE OF VACCINATION _____ MANUFACTURER OF VACCINE _____ VACCINE SERIAL # _____ EXPIRATION DATE OF VACCINE _____

I hereby certify that the information provided on this document for the horse identified above is true and correct to my personal knowledge.

SIGNATURE OF LICENSED VETERINARIAN VACCINATING THE HORSE _____

STATE LICENSE NUMBER _____ TELEPHONE NUMBER _____

PRINTED NAME OF VETERINARIAN _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

SIGNATURE OF OWNER/LESSEE OR AUTHORIZED AGENT _____

TELEPHONE NUMBER _____

PRINTED NAME OF OWNER/LESSEE _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

Mail this form to: AQHA, Attention EVA Report
P.O. Box 200 * Amarillo, Texas 79168 – 1600 Quarter Horse Drive * Amarillo, Texas 79104
(806) 376-4811