

Orinda Horsemen's Association  
P.O. Box 904  
Orinda, California 94563

### **Health Requirements for New or Returning Horses**

I certify that my horse(s) \_\_\_\_\_ meets the following requirements for entry into the Orinda Horsemen's Association pasture:

#### Vaccinations:

My horse has received vaccination against the following diseases, as shown by the attached receipts or veterinary records:

Within the last six months:

- eastern and western equine encephalomyelitis
- influenza
- rhinopneumonitis
- West Nile

Within the last year:

- strangles (now optional)
- rabies
- tetanus

#### Worming:

My horse has been administered an ivermectin wormer within the last month.

Signature of Owner: \_\_\_\_\_