



SD ANIMAL INDUSTRY BOARD

411 South Fort Street
Pierre, South Dakota 57501-4503
Phone: (605) 773-3321
Fax: (605) 773-5459

**EQUINE VIRAL ARTERITIS
VACCINATION CERTIFICATE**

Please print or type all information:

Name of Veterinarian: _____ Phone: _____

Mailing Address: _____ License No. _____

(City) (State) (Zip)

Name of Owner: _____ Phone: _____

Mailing Address: _____ County: _____

(City) (State) (Zip)

Stallion Registered Name: _____

Registration Number: _____ Breed: _____

Date of Birth: _____ Color: _____

Tattoo/Brand/Microchip No.: _____ NAIS Premises ID: _____

Address where housed: _____

(City) (State) (Zip)

TESTING INFORMATION (Pre-Vaccination)

First EVA Test Date: _____ Lab: _____ Accession No.: _____

Type of Sample: _____ Result: _____

Second EVA Test Date: _____ Lab: _____ Accession No.: _____

Type of Sample: _____ Result: _____

Semen EVA Test Date: _____ Lab: _____ Accession No. _____

Result: _____

VACCINATION INFORMATION

Vaccine Used: _____ Serial No. _____ Exp. Date: _____

Date of Vaccination: _____

I certify:

That I have vaccinated and properly identified all animals listed hereon, and recorded all information as prescribed by regulations.

Signature: _____ License No. _____ Date: _____

ALL VACCINATIONS MUST BE PROMPTLY REPORTED BY SUBMITTING THIS FORM TO:

SD Animal Industry Board, 411 S. Fort St., Pierre, SD 57501

White Copy – SD Animal Industry Board Yellow Copy – Veterinarian Pink Copy - Owner