

# EQUINE VACCINE CERTIFICATE

Date \_\_\_\_\_

Age \_\_\_\_\_

Client Name \_\_\_\_\_

Breed \_\_\_\_\_

Horse Name \_\_\_\_\_

Sex \_\_\_\_\_

Email \_\_\_\_\_

	SERIAL NUMBER	EXPIRY DATE	BOOSTER DATE
<input type="checkbox"/> West Nile - Innovator® (WNV)			
<input type="checkbox"/> West Nile - Innovator® + EWT (WNV, EEE, WEE, Tetanus)			
<input type="checkbox"/> Fluvac® Innovator (Influenza)			
<input type="checkbox"/> Fluvac® Innovator EHV-1/4 (Flu/Rhino)			
<input type="checkbox"/> Fluvac® Innovator 4 (Flu, EEE, WEE, Tetanus)			
<input type="checkbox"/> Fluvac® Innovator 5 (Flu, Rhino, EEE, WEE, Tetanus)			
<input type="checkbox"/> Equiloid® Innovator (EEE, WEE, Tetanus)			
<input type="checkbox"/> Pneumabort® -K+1b (EHV-1)			
<input type="checkbox"/> Pinnacle™ I.N. (Strangles - Intranasal)			
<input type="checkbox"/> Tetanus Toxoid			
<input type="checkbox"/> Other: _____	_____	_____	_____
_____	_____	_____	_____

Veterinarian: \_\_\_\_\_

Signature: \_\_\_\_\_



VETERINARIAN COPY

zoetis

# ZOETIS' IMMUNIZATION SUPPORT GUARANTEE

Zoetis will support reasonable and appropriate diagnostic and treatment costs if a horse properly vaccinated with one of our antigens contracts the corresponding equine disease within one year of vaccination. The guarantee applies to the following diseases:

WEST NILE – INFLUENZA – TETANUS – EASTERN OR WESTERN EQUINE ENCEPHALITIS – STRANGLES  
RHINOPNEUMONITIS – EHV-1/4 (RESPIRATORY AND ABORTION DISEASES)

THE GUARANTEE DOES NOT INCLUDE ANY OTHER ADVERSE EVENTS ASSOCIATED WITH VACCINE ADMINISTRATION

## **ZOETIS' GUARANTEE OF QUALITY AND SUPPORT IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:**

The horse must be vaccinated by a licensed veterinarian with an established veterinarian-client-patient relationship and in accordance with the vaccine label.

The veterinarian or the veterinary clinic must be the primary point of contact for this support program to be valid. Zoetis will direct all requests from horse owners, breeders, etc. to the vaccinating veterinarian, who in turn must file the support request on their behalf.

At the time of the support request, the veterinarian is required to collaborate with Zoetis Technical Services in establishing an appropriate and reasonable diagnostic and treatment regime. Zoetis Technical Services will also document and report the event to the appropriate regulatory agencies as required and in compliance with Zoetis policy. **To contact Technical Services, call 1-800-461-0917.**

The veterinarian must submit a copy of medical records pertinent to the case, including vaccine brand, serial number and date of vaccination to Zoetis Technical Services.

Support requests involving foals less than six months of age, or involving onset of disease within three weeks of completing the initial immunization series, are not covered.

The horse must have received an age-appropriate, initial vaccination series per the vaccine label.

A Zoetis vaccine must be the most recent vaccine used in the series.

All payments made under the immunization support guarantee may require a signed consent form from the veterinarian and/or the horse owner.



*Zoetis reserves the right to modify  
this guarantee at any time.*

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