CERTIFICATE OF VETERINARY INSPECTION

All horses must have a satisfactory Certificate of Veterinary Inspection (CVI) completed within 14 days of the event AND proof of a current (within 6 months) rhinopneumonitis vaccination to compete at the 2024 Montana 4-H State Horse Show. Other vaccinations recommended are Eastern/ Western Equine Encephalomyelitis, Tetanus, Influenza, Rabies, and West Nile. ONE CVI PER HORSE.

Montana State 4-H Horse Show

406 Arena 200 US-89, Vaughn, MT 59487, September 20-22 2024

Each horse must be inspected at home/locally. There will <u>NOT</u> be a veterinarian on the grounds to perform on-site inspections. Please present this Certificate of Veterinary Inspection at event check-in <u>before unloading</u>. Show committee reserves the right to refuse entry to suspect animals at check-in or require removal of suspect animals during the event.

| Owner's Informa | ition | | |
|------------------------|---------------------------|------------------------------------|--------------------------------|
| | | | |
| City | | State | Zip |
| | | imon) | |
| Age of Horse | Sex of Horse | Breed of Horse | Color |
| Vaccination Hist | ory (note date admin | istered, lot # if available, and w | vho administered): |
| □Rhinopneumonitis | | □Rabies | |
| □West Nile | | □Tetanus | |
| □Influenza | | | |
| DEastern/Wester | rn Equine Encephalomy | velitis | |
| Veterinary Inspe | ection | | |
| | | Respiration Rate | |
| | | asal discharge? Yes No | |
| Additional Findir | 1g <u>s</u> | | |
| | | | |
| T | | DVM have | examined the horse named above |
| | | | examined the horse named above |
| for signs of diseas | e on (day/time) | | · |
| I find this horse to | o be free from visible si | gns of infectious disease. | |
| | | | |

Veterinarian's signature