



# EQUINE VIRAL ARTERITIS (EVA) VACCINATION CERTIFICATE

Washington State Department of Agriculture  
Animal Services Division  
Animal Health Program  
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## STALLION INFORMATION

NAME OF STALLION			STABLE NAME		
BREED/COLOR	REG. NO.	AGE	MANAGER		
<b>Identification:</b> Must provide at least one of the three identification methods below. A clear photograph or drawing of stallion showing both sides is an acceptable substitute.			ADDRESS		
			CITY	STATE	ZIP
BRAND	TATTOO	EID	TELEPHONE NUMBER (INCLUDE AREA CODE)		
OWNER NAME	OWNER PHONE NUMBER		FAX NUMBER (INCLUDE AREA CODE)		
ADDRESS			OWNER/AUTHORIZED AGENT SIGNATURE		
CITY	STATE	ZIP			
DRAWING OF STALLION (SUBSTITUTE FOR OTHER ID METHODS)					

## VACCINATION INFORMATION

### INITIAL VACCINATION

**1. First vaccination for EVA must be accomplished within 10 days of a blood test.**

DATE OF EVA TEST	LAB		
RESULTS	DATE OF VACCINATION		
VACCINE MANUFACTURER	VACCINE SERIAL NUMBER		

### SUBSEQUENT VACCINATION

**2. Annual booster is required.**

DATE OF VACCINATION	VACCINE MANUFACTURER	VACCINE SERIAL NUMBER
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## ADDITIONAL REGULATIONS / VETERINARIAN CERTIFICATION

**Vaccination must be completed at least 21 days prior to breeding any mares.  
A copy of the official laboratory EVA serum test results must accompany this certificate.**

SIGNATURE OF ACCREDITED VETERINARIAN	DATE		
PRINTED NAME OF ACCREDITED VETERINARIAN	TELEPHONE NUMBER (INCLUDE AREA CODE)		
CLINIC NAME	FAX NUMBER (INCLUDE AREA CODE)		
ADDRESS	CITY	STATE	ZIP