**Fiche de vaccination et de soins de santé - Équidés**

Remarque : Ce document n'a pas la valeur d'**un certificat de vaccination** et n'est pas une preuve de vaccination. Il s'agit d'un registre à l'intention du propriétaire/gardien. Un certificat de vaccination nécessiterait la signature et les coordonnées d'un vétérinaire.

Ce registre est un document en format Word à remplir et à imprimer.

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| Adresse :       |
| Nom de l'équidé :       |
| Père :       | Mère :       | Sexe :      |
| Race :       | Poids :      | Taille :      |
| Date de naissance :       | Tatouage :      | Numéro de puce électronique :       |
| Marquages :      | Photos? [ ]  Oui [ ] Non |
| Registre de race / numéro :      |
| Remarques :      |
| **Dossier de vaccination** |  | **Registre de déparasitage** |
| **Rhinopneumonie (EHV-1/4)**  | **Virus de l'herpès équin 1 (avortement)** | **Grippe A1 et A2** | **Encéphalomyélite E et O** | **Tétanos** | **Fièvre équine du Potomac** | **Gourme** | **Rage** | **les infections** | **Autres** | **Âge/date** |  | **Produit** | **Vermifuge** | **Examen fécal** | **Date/année** |
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| **Remarques (y compris effets indésirables) :** |  | **Remarques :** |

I = Vaccin initial

B = Vaccin de rappel

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| **Dossier médical** |  | **Soins des sabots** |
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| **Test de Coggins** |  | **Soins dentaires** |
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