**A picture containing vector graphics, text

Description automatically generatedFiche 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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| Propriétaire : | | | | | | | | | | | Téléphone(s) : | | | | | | |
| 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** | |
| **Date** | **Remarques** |  | **Date** | **Remarques** |
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| **Test de Coggins** | |  | **Soins dentaires** | |
| **Date** | **Remarques** |  | **Date** | **Remarques** |
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