

DRIVER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**DATES OF MOST RECENT VACCINATIONS**

Name	Sex	Age	Breed	Markings	Rabies												Para Parv influ ovir enza us									
					Administered			Expires			Distemper			Hepatitis (adenovirus2)				Leptospirosis								
					yr	day	mo	yr	day	mo	yr	day	mo	yr	day	mo		yr	day	mo	yr	day	mo			
1																										
2																										
3																										
4																										
5																										
6																										
7																										
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9																										
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12																										

**IMPORTANT: BRING A COPY OF THIS COMPLETED FORM AND PROOFS OF VACCINATIONS TO THE PRE-RACE EXAMS!**

I, \_\_\_\_\_, believe that these vaccinations comply with Eagle Lake 100 race rules.  
Veterinarian's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_