

RDA Equine Influenza and Tetanus Claim Form



Please check that *BEFORE* any vaccinations are administered, they supplied by one of the pharmaceutical companies that support this reimbursement scheme.

Please circle which brand of vaccine is being administered:



Please find the address for where to send in the completed form on the RDA Vaccinations webpage via 'Running your Group' > 'Horses and RDA'.

Section A – Veterinary Surgeon

I certify that I have administered (number of doses)
Of (name of vaccine)

To equines in true use with the RDA group stated below. These were certified as being in regular and fair use for the RDA group.

Signed Vet Surgeon on (date)
Name Block capitals
Address

Tel No. Email

Section B – Trustee of the group

I certify that we maintain a list of equines so injected and shall, ensure to the best of the group's ability, ensure that the immunisation programme is maintained.

Signed a Trustee on (date)
Name Block Capitals
Address

Tel No. Email

Once completed: Send a COPY to the pharmaceutical company who has manufactured the vaccine. The ORIGINAL should be retained for the group's records.