

**RDA Equine Influenza and Tetanus Claim Form**

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

* Boehringer Ingelheim Ltd, Ellesfield Avenue, Bracknell, Berkshire RG12 8YS
* MSD Animal Health, Companion Animal Business Unit, Walton Manor, Walton, Milton Keynes, Buckinghamshire MK7 7AJ
* Zoetis UK Ltd, First floor, Birchwood Building, Springfield Drive, Leatherhead, KT22 7LP.

**Please circle which brand of vaccine is being administered:**



**Section A – Veterinary Surgeon**

(number of doses)

Of (name of vaccine)

I certify that I have administered

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Vet Surgeon on | |  | (date) |
|  | | Block capitals | |
|  | | | |  |
|  | | | |  |
|  | | | |  |

Signed

Name

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.

|  |
| --- |
|  |

**Section B – Trustee of the** **group**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | a Trustee on | |  | (date) |
|  | | Block Capitals | |
|  | | |  | |
|  | | |  | |
|  | | |  | |

Signed

Name

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.