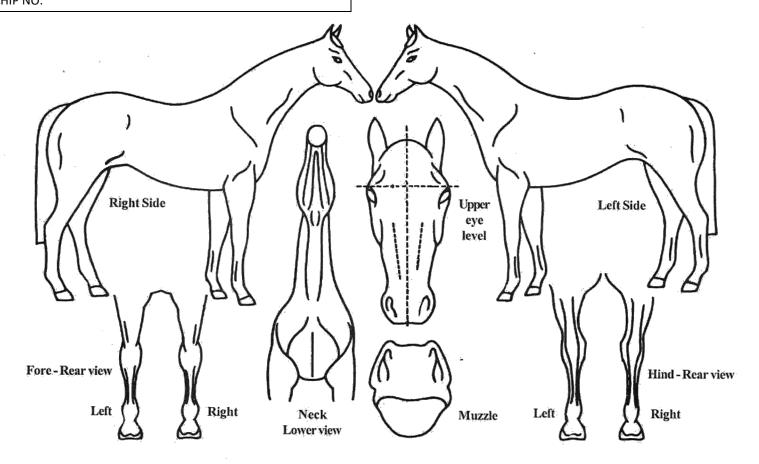
HORSES NAME:		OWNER:		
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## **AHS VACCINATIONS**

DATE OF VACCINATION	TYPE, NAME AND BATCH No. OF VACCINE	NAME AND ADDRESS OF VACCINATOR AND CAPACITY (Please Print)	SIGNATURE OF VACCINATOR
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ılılı	AHS 1		
11111	AHS 2	-	
1111	AHS 1		
1   1   1	AHS 2		
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	AHS 1		
11111	AHS 2		

## OTHER VACCINATIONS

DATE OF VACCINATION	TYPE, NAME AND BATCH No. OF VACCINE	NAME AND ADDRESS OF VACCINATOR AND CAPACITY (Please Print)	SIGNATURE OF VACCINATOR
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