



**OREGON
HUMANE
SOCIETY**

Oregon Humane Society Law Enforcement Division



PO Box 11364 | 1067 NE Columbia Blvd. | Portland, OR 97211 | Phone 503.802.6707 | Fax 503.802.6714 | Web oregonhumane.org

LIVESTOCK INSPECTION REPORT

Date: _____ Time: _____ Case #: _____

Animal Seized? Yes No Location of Impound: _____

Type/Number of Animals:

Horse _____ Pony _____ Donkey/Burro _____ Mule _____
Cattle _____ Sheep _____ Goat _____ Pig _____ Other _____

Breed: _____ Name of Animal (if known): _____ Age of Animal (if known): _____

Sex of Animal: Male (intact) Male (castrated) Female

Horse Colors: Black _____ Brown _____ Sorrel _____ Chestnut _____ Grey _____ Bay _____
White _____ Roan _____ Paint _____ Palomino _____ Grulla _____ Dun _____
Buckskin _____ Appaloosa _____ Other _____

Mane and Tail Color: Same as body color Different Color: _____

Face Markings: None _____ Star _____ Strip _____ Snip _____ Blaze _____ Bald _____ Other _____

Leg Markings: None _____ Coronet _____ Pastern _____ Ankle _____ Sock _____ Stocking _____ Other _____

Livestock Colors: Black _____ Red _____ Brown _____ Tan/Beige _____ Grey _____
Black & White _____ Brown & White _____ Red & White _____
Tan & White _____ Grey/Smokey & White _____ Other _____

Brands/Tattoos: _____ Locations: _____

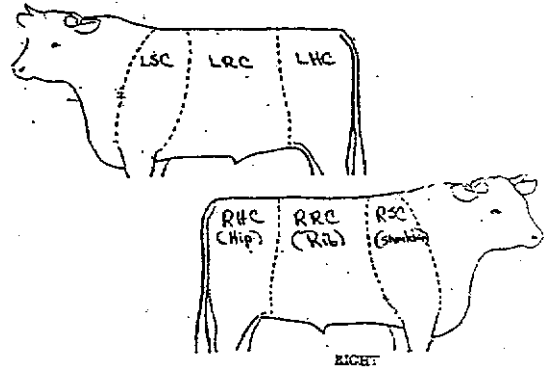
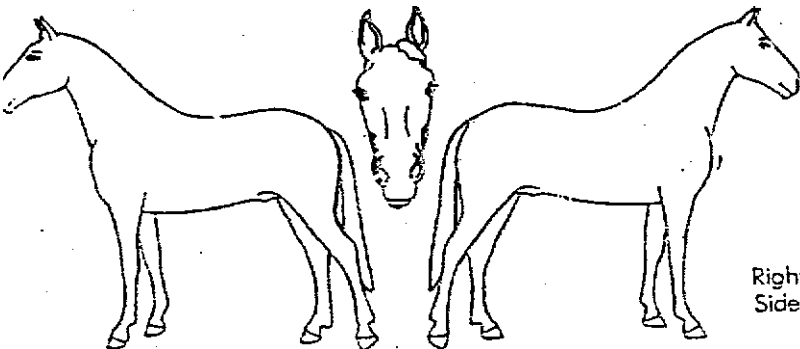
Scars/Wounds: _____ Locations: _____

Horns? _____ Ear Tags? _____ Ear Slits? _____ Other Slits or Notches? _____

Halter? _____ Collar? _____ Chains? _____ Neck Bands? _____ Leg Bands? _____ Other ID? _____

Photos Taken? _____ Scanned for a Microchip? _____

Description: Add face and leg markings, brands, scars, whirls, abnormalities, and any other identifying marks.



Investigating Officer: _____



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PHYSICAL EXAM REPORT

Vital Signs:

Temperature: _____ Pulse: _____ Respiration: _____
 Henneke Score: _____ Weight Tape: _____ Teeth: _____
 Hooves: _____ Shod: Yes No Lameness: Yes No

Physical Exam Notes: _____

Diagnostics Needed: _____

Recommendations: _____

STABLE INSPECTION REPORT

Date: _____

Name of Business: _____ Telephone: _____

Mailing Address: _____ Physical: _____



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Owner: _____ Telephone: _____

Manager/Foreman: _____ Telephone: _____

General condition of the premises: _____

Are premises clean? _____ Offensive odors? _____ Excessive flies/rodents? _____

Excessive mud? _____ Current weather conditions: _____

Type of stall bedding: _____ Clean? _____ Frequency of cleaning: _____

Excessive manure? _____ Manner of disposal: _____ Frequency: _____

Shelter? _____ Adequate? _____ Type of shelter: _____

Fences in good repair? _____ Trash or junk lying around? _____

Water available? _____ Clean? _____ Type of Containers: _____

Food available? _____ How fed: Mangers Racks Feeders Tires Salt available?

Type of feed: _____ Adequate? _____ How often: _____

Grain? _____ Type: _____ How often: _____

Are animals individually identified? _____ How? _____

Does anyone live on the property? _____ Name: _____

Veterinarian: _____ Telephone: _____

Farrier: _____ Telephone: _____

If conditions of premises or animals are not satisfactory, what are the recommendations?

Vet care ordered? _____ Farrier visit needed? _____ Notice to comply issued? _____

Time allowed to comply: _____ Citation issued? _____ Animal(s) seized? _____

Follow up inspection scheduled? _____

Investigating Officer: _____