LIVESTOCK INSPECTION REPORT

Date: __________________  Time: __________________  Case #: __________________

Animal Seized?  Yes □  No □  Location of Impound: _______________________________________

Type/Number of Animals:
- Horse _____  Pony _____  Donkey/Burro_____  Mule _____
- Cattle _____  Sheep_____  Goats ____  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? _____________


Photos Taken? ___________________________  Scanned for a Microchip? __________________________

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

Investigating Officer: _________________________________________
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: ____________________________
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: ____________________________