

EQUINE INVESTIGATOR NOTES

Date:

Time and ambient temperature:

Investigator Name:

Name of Current Owner/Caregiver:

Physical Address:

City, State, Zip:

Home Phone/Cell Phone/Email:

Place of employment:

Location of Equine(s):

Has animal control ever been here:

If yes, how long ago:

How many equines are on the property:

Veterinarian name:

Last time Vet saw equines:

What was done?

When was the last time the teeth were floated?

Worming: Frequency, last time, and with what and by who?

How often do you or a farrier check and maintain your horses hooves?

What are horses used for?

How long have the equine(s) been owned?

Where did the come from prior to today?

| | |
|---|---|
| How many acres are shared by the equine(s) | |
| Are they kept separated by fencing or all together? | |
| Are the equines fed together or separately? | |
| | |
| Water | Locations and condition: |
| Hay | How much and how often fed: |
| Grass Hay | Free of dust/mold? |
| Alfalfa or clover hay | Free of dust/mold? |
| Other: beet pulp and supplements | Brand, amount, and storage: |
| Pellets/grain | Brand, amount, and storage: |
| Is there salt available? | |
| Feeder/Tubs | Clean and safe? |
| Fencing | Any issues? |
| Shelter - Do equines have free access at all times? | Describe: |
| Bedding | Clean and safe? |
| Stalls and paddocks | Sanitary, free from debris and excess manure and muck? |
| | |
| Signature of Investigator: | _____ |
| | |
| Photos Required: | Property, barn, fencing, hay sources, storage, and any areas of concern |