



SAN LUIS OBISPO COUNTY DIVISION OF ANIMAL SERVICES
Veterinarian's Examination Report
(Equine)

TO THE VETERINARIAN: This report form should be used to document your examination findings and treatment/management directions for the animal listed. Please complete both sides of the form. Upon completion, the form should be submitted by fax to **Animal Services, (805)781-1065**, or by direct delivery to an animal control officer. A copy may be provided to the animal owner and you may keep a copy for your records.

 Veterinarian's Name

 Exam Date

 Clinic/Hospital

 Phone Number

 Animal Owner's Name

 Animal Name

 Breed

 Age

 Sex

General Exam Findings

- | | | | |
|------------------|---------------------------------|-----------------------------------|-------|
| Eyes | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Ears | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Oral | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Lymphatic | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Cardiovascular | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Respiratory | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Gastrointestinal | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Urogenital | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Musculoskeletal | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Integumentary | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |
| Neurologic | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ |

	Emaciated		Normal		Obese				
Body Condition Score (as defined by Henneke scoring system)	1	2	3	4	5	6	7	8	9

(Continued on reverse)

Work / Use Limitations

Does this horse have any sores or abrasions caused or likely to be irritated by the surfaces of saddles, girths, harnesses, or bridles?

Yes No

Maximum work load _____

Maximum number of work / use hours per day _____

Maximum number of work / use days per week _____

Directions for management

Please indicate if each item is required for the health and welfare of the animal or a recommended best practice.

Feed / Diet

Required

Recommended

- | | | |
|----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Housing / Environment

- | | | |
|----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Farrier

- | | | |
|----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Medications / Medical Treatment

- | | | |
|----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Follow Up

Recheck required? Yes No Recheck date _____

Please submit an examination report for each follow-up evaluation.

Other comments

 Veterinarian's Signature

 Date