

Animal Cruelty Investigation Animal Health Assessment Form

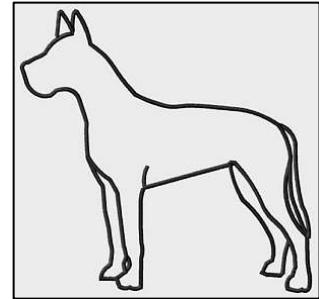
Agency Case # _____ **ID #** _____ **Pen #** _____ **Other #** _____
Investigating Agency _____ **County** _____ **State** _____

Location of exam	Examination date	Examination time
Animal owner name	Animal owner address/city/state	Animal owner phone

Animal name	Animal species	Animal breed
Animal sex	Animal age	Animal weight
Animal color/markings	Animal description	Animal temperament
Animal temperature	Animal pulse	Animal respiration

General body condition: _____

Mouth condition	Head and neck condition
Ear condition	Body and tail condition
Eye condition	Foot and leg condition



Please draw distinguishing marks.

Overall condition: **Excellent** **Good** **Fair** **Poor** **Inhumane**

General comments: _____

Actions taken or recommendations: _____

Examined by: _____ **Signature:** _____ **Date:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____