

EQUINE INVESTIGATION FORM

Name of Facility: _____ Date of Investigation: _____

Address: _____

Primary Contact: _____ Tel: _____

BARN INFORMATION

Approx. Size _____ No. of Stories _____ Condition: _____

Number & Size of Stalls: _____

How Often are Stalls Cleaned: _____

What Type of Bedding & How Much is Used: _____

Ventilation: _____

Barn Other: _____

Location & Type of Water Source: _____

Cleanliness of Buckets, Automatic Waters, Etc.: _____

RUN-IN SHELTER INFORMATION

Number, Approx. Size & Condition: _____

Location & Type of Water Source: _____

Cleanliness of Buckets, Automatic Waters, Etc.: _____

PASTURE INFORMATION

Pasture(s): Approx. Size & Location: _____

Grazing Quality: _____ Free of Debris or Safety Hazards: _____

Location & Type of Water Source: _____

Cleanliness of Buckets, Automatic Waters, Etc.: _____

TURNOUT/PADDOCK INFORMATION

Turnouts/Paddocks: Number & Approx. Size: _____

Location & Type of Water Source: _____

Cleanliness of Buckets, Automatic Waters, Etc.: _____

HORSE INFORMATION

Name of Horse: _____ Age: _____
Breed: _____ Approx. Size: _____ Color: _____
Mare Gelding Stallion Other: _____

HEALTH INFORMATION

Name of Veterinarian/Clinic: _____ Tel: _____
Vaccinations Current? _____ Date of Last Vaccination: _____ Date of Next Vaccinations: _____
Which Vaccinations were given: _____
De-Worming Current? _____ Date of Last De-worming: _____ Date of Next De-worming: _____
De-Wormed by Veterinarian or Owner? _____ Type of Wormer Used: _____
Date of Last Dental Care: _____ Name of Person Who Performed Dental Care: _____
ANY KNOWN HEALTH ISSUES, DISEASES, OR INJURIES? List Below:

FARRIER INFORMATION

Name of Farrier/Horseshoer: _____ Tel: _____
Time Interval Between Farrier Visits: _____
Date of Last Trim or Shoeing: _____ Date of Next Trim or Shoeing: _____
ANY KNOWN HOOF PROBLEMS (such as Thrush, Founder, Abscesses, etc.)? List Below:

FEED/EXERCISE INFORMATION

How many times do you feed this horse hay each day? _____ How much at each feeding? _____
Do you feed this horse grain? _____ If yes, how much? _____ How often? _____ What Kind? _____
Does this horse have access to Salt? _____ Does this horse receive any feed supplements? _____
List Supplements: _____
How much daily turnout does this horse receive? _____
Do you Ride, Drive, or otherwise exercise this horse. If so, how often? _____

