

EQUINE FACILITY INVESTIGATION FORM

Locality: _____ Case#: _____ Date _____ Time: _____ Outside Temp _____

Lead Officer and Title: _____

Name/address of property: _____

Name of the property owner(s): _____

Primary Contact: _____ Tel: _____

People on scene: _____

Animals surrendered? Y or N Total number surrendered: _____

Animals seized? Y or N Total number seized: _____

Specimens submitted for lab analysis? Y or N total number submitted: _____

Description/type of specimens submitted: _____

Recommendation(s) given? Y or N **Use recommendations sheet**

FACILITY INFORMATION

Approx. Number of Acres _____ Total Number of Animals: _____

Dogs ___ Cats ___ Horses ___ Donkeys ___ Pigs ___ Cows ___ Goats ___ Sheep ___ Other _____

Number of Pastures/Paddocks _____ Number of Barns _____ Number of Stalls: _____

BARN INFORMATION

Use enclosures spreadsheet to itemize

Barn #/or Name _____ Size and # of Stalls: _____ Overall Condition: _____

Number of Animals: _____

How Often are Stalls Cleaned: _____ Cleanliness of Buckets, Waterers: _____

What Type of Bedding & How Much is Used: _____

Ventilation: _____ Location & Type of Water Source: _____

Other Information: _____

PASTURE/PADDOCK INFORMATION

Use enclosures spreadsheet to itemize

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

Turnouts/Paddocks: Number & Approx. Size:_____

Grazing Quality:_____Free of Debris or Safety Hazards:_____

Location & Type of Water Source:_____

Cleanliness of Buckets, Automatic Waters, Etc.:_____

Shelter Provided and Type:_____

HAY INFORMATION

Use hay spreadsheet to itemize

Location of Hay Storage:_____ Hay Quality/Type:_____

Square Bales or Round Bales or Other If Square: 1st Cut____2nd Cut____Other____

Approximate Quantity of Bales on property:_____

Name of Hay Supplier:_____ Tel:_____

Other:_____

FEED INFORMATION

Use feed spreadsheet to itemize

Location of Feed Storage:_____

Name of Feed Supplier:_____ Tel:_____

Other:_____

FENCING & OTHER INFORMATION

Type & Condition:_____

Manure Pile: Location and How Often Removed:_____

Fly Control:_____

Safety Issues:_____

Medications/Medical equipment inventoried? Y or N Use appropriate form

