

ACTION PLAN FOR EQUINE WELFARE INVESTIGATION

Locality: _____

Date: _____

Officer and Title: _____

Case#: _____

Contact Information: _____

Animal name or #: _____

Name of Owner /address of property:

Person Spoke with Today:

Tel: _____

ACTION PLAN

- Follow the care plan as given below
 - Feed _ lbs (20% of Body weight) of good quality hay per day
 - Provide clean fresh drinking water daily
 - Provide turnout daily
 - Clean stall daily
 - Other _____
- Arrange for a private veterinarian to examine the above indicated animals for further evaluation and diagnostic testing including:
 - Physical examination
 - Coggins (EIA) test
 - Quantitative fecal examination & development of an appropriate deworming program
 - Any additional diagnostic tests as indicated by that veterinarian
 - Dental examination & all necessary dental work
 - Formulation of a re-feeding plan (provided in writing)
 - Formulation of an appropriate medical treatment program (provided in writing)

The examination and follow-up testing should take place as soon as possible, but given the severity of the animal(s) conditions noted, no later than: _____

- Arrange for a qualified farrier to provide appropriate hoof care as soon as possible, but no later than _____
- Contact your local Agricultural Extension Agent for information regarding pasture management and obtain specific recommendations for the improvement and maintenance of this property. These recommendations are to be made in writing.
- When following the progress of animals, the agency will need to know the recommendations made by the professionals providing care to your animal(s). Please initial one of the following choices:
 - To avoid any confusion, I would like an agent to be present when my animals are examined. I agree to call as soon as I have the appointment scheduled to let department know the date, time, and location of this examination.
 - I would prefer to have the animal control officer obtain a copy of the recommendations provided to me by my veterinarian, farrier or others providing care and authorize the release of any records of my animal(s) care to the department. I am including their name and contact information below.

Please remember to save all receipts for feed, veterinary care, and farrier work for your records.

Contact Information for veterinarian, farrier or dentist _____

Agent of Horse: _____ Date: _____

Animal Control Officer: _____ Date: _____

Date ACO will follow up _____