EQUINE INVESTIGATION FORM

Name of Owner & Facility: _________________________________________________________

Date of Investigation: ___/___/___

Address: _____________________________________________________________________

Home Phone: ___________________ Alternate Phone: ____________________________

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.:________________________________________

HAY INFORMATION:
Location of Hay Storage: __________________________ Hay Quality: ____________________
☐ Square Bales ☐ Round Bales ☐ Other
If Square: ☐ 1st Cut ☐ 2nd Cut ☐ Other
Approximate Quantity of Bales per Year: _____________________________________________
Name of Hay Supplier: _______________ Phone: ________________________________
Other: _________________________________________________________________________

FENCING & OTHER INFORMATION:
Type & Condition: __________________________________________________________________
______________________________________________________________________________
Manure Pile: Location and How Often Removed: _______________________________________
Fly Control:
______________________________________________________________________________
Safety Issues: ________________________________________________________________
COMMENTS AND/OR RECOMMENDATIONS:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

HORSE INFORMATION:

Name of Horse: _____________________________________________ Age:______________

Breed: _________________________ Approx. Size: _______ _______ Color: _____________

☐ Mare  ☐ Gelding  ☐ Stallion  ☐ Other:

HEALTH INFORMATION:

Name of Veterinarian/Clinic:___________________________ Phone:____________________

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: ___________________________  Phone: _________________
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  ☐ 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? ________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________