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OMB Approved
0579-0056
EXP.: XX/XXXX

This report is required by regulation 9 CFR 11). Failure to provide information can result in criminal penalty(s) of up to \$3,000 fine or imprisonment for one year or both (15 U.S.C. 1825).

United States Department of Agriculture
Animal and Plant Health Inspection Service

SUMMARY OF ALLEGED VIOLATIONS

(Horse Protection Act)

1. EVENT ("X" one)
 SHOW
 SALE

NOTE FOR NARRATIVE CONTINUATION OF ANY ITEM, USE BLOCK 23. Cite Item Number Referred to.

2. EVENT NAME AND ADDRESS (Include street, city, state, and ZIP Code)

3. EVENT MANAGER NAME AND ADDRESS (Include street, city, state, and ZIP Code)

4. DATE AND APPROXIMATE TIME OF EVENT

5. SHOW RING (Circle as appropriate)

6. INSPECTING DQP NAME(S)

Indoors, Outdoors, Dry, Wet, Muddy, Cold, Warm, Hot,
Raining, Other (Specify)

(1)

7. DQP CERTIFIED ORGANIZATION

(2)

(Name)

(3)

(Street)

(4)

(State) (ZIP Code)

(5)

8. NAME OF PERSON (CUSTODIAN) PRESENTING HORSE FOR INSPECTION:

9. NAME OF PERSON WHO PAID ENTRY FEE

10. COPY OF ENTRY SHEET ENCLOSED YES NO

11. TRAINER NAME AND ADDRESS (Include street, city, state, and ZIP Code)

12. NAME AND ADDRESS OF PERSON(S) RESPONSIBLE FOR TRANSPORTATION

13. NAME AND ADDRESS OF PERSON(S) THAT ENTERED HORSE

14. OWNER NAME AND ADDRESS (Include street, city, state, and ZIP Code)
 "X" if minor – Give name and address of parent or guardian on reverse.

15. RIDER NAME AND ADDRESS (Include street, city, state, and ZIP Code)

"X" if minor – Give name and address of parent or guardian on reverse.

16. NAME OF HORSE AND REGISTRATION NUMBER

17. WAS HORSE TYED YES NO
PLACE:

EXCUSED: YES NO
BY WHOM:

18. COLOR AND SPECIAL MARKING (Specify)

19. SEX

20. AGE

21. CLASS NUMBER

22. EXHIBITION NUMBER

23. ADDITIONAL DECLARATIONS:

24. ITEMS 1 THROUGH 22 COMPLETED BY:

PLEASE SEE REVERSE SIDE FOR VMO TESTING

APHIS FORM 7077
OCT 2009

NOTE FOR NARRATIVE CONTINUATION OF ANY ITEM, USE BLOCK 36. Cite Item Number Referred to.

25. ACTION DEVICES (11.2(b)): CHAINS ROLLERS OTHER Overweight Strikes Coronet Yes No

Weight LEFT leg device:

Weight RIGHT Leg device:

Weighed by:

26. PAD BAND MEASUREMENT (11.2(b) (13)):
Right: _____ Left: _____
Measured by: _____

27. HEEL/TOE MEASUREMENT: Left-Heel: _____ Left-Toe: _____
Right-Heel: _____ Right-Toe: _____
Measured by: _____

28. PADS IN COMPLIANCE YES NO (Specify) _____

29. PROHIBITED SUBSTANCE (11.2 (c)): YES NO (If yes, explain) _____

30. IS HORSE SORE? YES NO (If yes, explain) (See item 8) _____

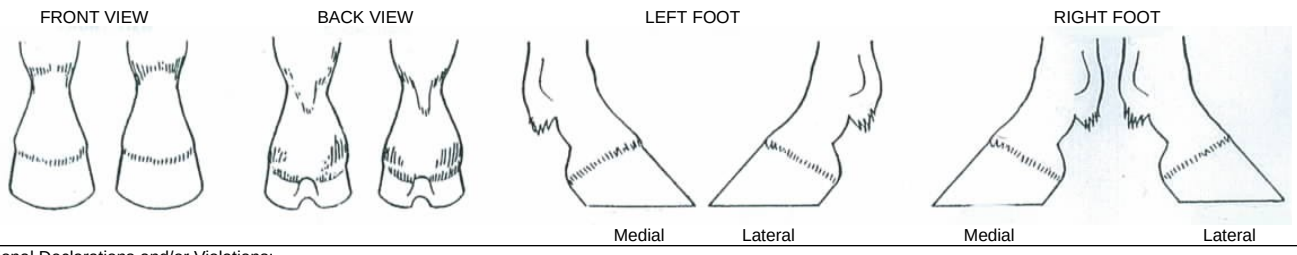
31. IS THIS HORSE IN VIOLATION OF THE SCAR RULE? (11.3) (See item 20 above) YES NO _____

32. THERMOGRAPHY NORMAL NOT NORMAL

33. HOOFTESTER NORMAL NOT NORMAL

34. DIGITAL RADIOGRAPHY NORMAL NOT NORMAL

35. ILLUSTRATE WHERE THIS HORSE IS SORE – (Lesions, Pain, Open Wounds, Blood, etc.)



36. Additional Declarations and/or Violations: _____

37. PHYSICAL EXAMINATION BY USDA VETERINARIAN(S) (Signature) _____