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OMB Approved
0579-0056
Exp.: XX/XXXX

United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

Horse Protection Inspection Field Notes

Event Information

1. Event name and location (*city and State*):

Inspection Information

2. Horse Name:	3. Class Number:	4. Exhibition Number:	5. Examination performed: <input type="checkbox"/> Pre-show <input type="checkbox"/> Post-show <input type="checkbox"/> Place
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Horse Examination

6. Action Devices:
 Chains Strikes coronet? Yes No
 Other (*specify*) Over 6 ounces? Yes No

Weight RIGHT leg device: Weighed by:
Weight LEFT leg device:

7. Metal Band Measurement
Right: Left:

8. Heel/Toe Measurement
Left-heel: Right-toe:
Right-heel: Left-toe:

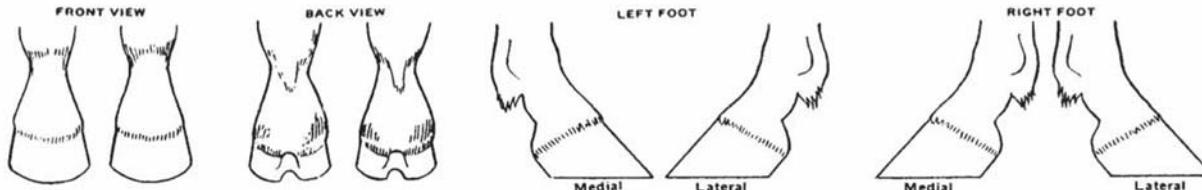
9. Flat shod Padded
Are the pads in compliance? Yes No
If no, explain:

10. Prohibited substance observed? Yes No
If yes, explain:

11. Is horse sore? Yes No

If yes, check all that apply: Bilateral sore Unilateral sore Scar rule violation Other

12. Illustrate where horse is sore:



13. Additional signs of soreness observed (*check all that apply*):

Consistent and repeatable pain response to digital palpation, as illustrated in Block 11
 Clenching of abdominal muscles or tucking of the abdomen
 Head turning

Altered stance (e.g., bucket stance)
 Increased respiratory rate
 Ears laid back
 Shifting of weight
 Other, as described below in Block #14

14. Additional evidence of scar rule violation observed

(*check all that apply and illustrate in Block 11*):

Posterior surfaces of pasterns:
 Bilateral areas of non-uniformly thickened epithelial tissue
 Proliferating granuloma tissue
 Irritation
 Moisture
 Edema
 Other evidence of inflammation (as described in Block 14)

Anterior and anterior-lateral surfaces of the fore pasterns:

Bilateral granulomas
 Other bilateral pathological evidence of inflammation (as described below in Block 14)
 Other bilateral evidence of abuse indicative of soring, including, but not limited to, excessive loss of hair (as described in Block 14)

15. Additional Information:

16. Physical examination performed by USDA veterinarian(s) (*sign and print name*):

17. Date and Time of Inspection: