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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:

Pre-show  Post-show

Place \_\_\_\_\_

### 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:

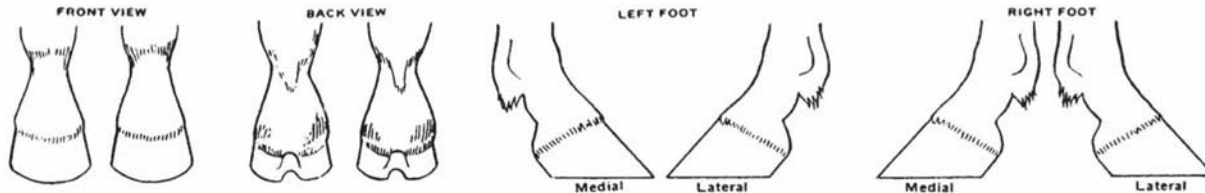
10. Prohibited substance observed?  Yes  No

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: