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# 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.: \_\_\_\_\_

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## **RUN-IN SHELTER INFORMATION:**

Number, Approx. Size & Condition: \_\_\_\_\_

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Location & Type of Water Source: \_\_\_\_\_

Cleanliness of Buckets, Automatic Waters, Etc.: \_\_\_\_\_

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**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:  1<sup>st</sup> Cut  2<sup>nd</sup> 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:**

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**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:

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**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:

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**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? \_\_\_\_\_

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