
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? _____

