

HORSE ASSESSMENT FORM – ECHUCA & DISTRICT LIVESTOCK EXCHANGE

Date and time Conducted:

Conducted By:

Position Title:

Owner:

Contact number:

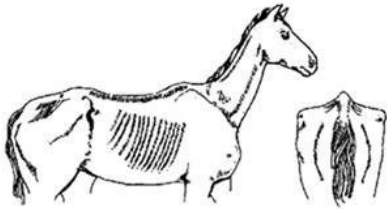
Pen Number:

Time of arrival:

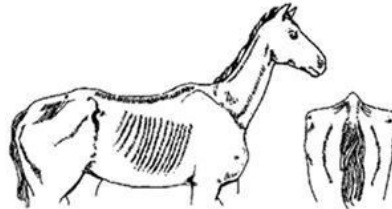
Time of feed and water:

Horse Health - Questions

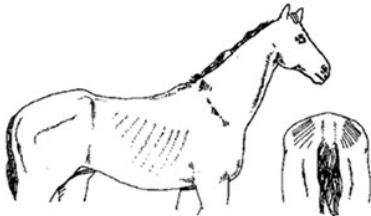
Body Condition (horse MUST score a minimum of 2)



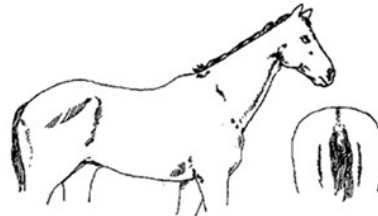
1) Very Poor



2) Poor



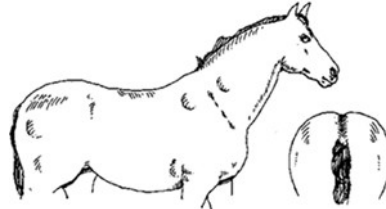
3) Moderate



4) Good



5) Fat



6) Very Fat

Illness and Disease

Excessive or coloured nasal discharge	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Excessive weeping from the eyes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ongoing or excessive cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signs of respiratory distress	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signs of fatigue or lethargy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lack of co-ordination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unexplained shivering/shaking	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injury or Potential for Injury

Horse showing signs of lameness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Open wounds visible on horse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Noticeable swelling present in joints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visible signs of eye trauma/injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Condition of hooves satisfactory for sale	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Was contact made with the appropriate authority

A phone call was made to DEPI	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A DEPI representative was on site	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Their recommendation or actions were? Please describe

Additional Notes:

