

# SUSPECTED ANIMAL CRUELTY REPORT

## LARGE ANIMAL

CLINIC NAME AND CONTACT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

### ANIMAL INFORMATION

Name/Identification: \_\_\_\_\_ Species/Breed/Use: \_\_\_\_\_

Markings, tattoos, brands: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Sex:  Male  Female Intact:  Yes  No  Unknown

### OWNER INFORMATION

Name (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PERSON SUSPECTED OF CRUELTY  Owner  Other person (provide details below)

Name (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### INCIDENT DETAILS

Location: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### REASON FOR REPORT (Check all that apply, and add explanation with as much detail as possible below.)

- Abandonment of animal
- Animal fighting
- Extreme emaciation without apparent medical reason
- Hoarding (e.g., signs that the owner may have more animals than able to adequately care for)
- Inadequate condition, severe (e.g., overgrown hooves)
- Multiple injuries in various stages of healing
- Owner/other person reports causing harm (self-disclosure)
- Parasite infestation, severe
- Person struck or caused physical/sexual harm to animal
- Suffering caused by ongoing, untreated injury or illness
- Unexplained injuries that do not match owner history
- Unfit environment
- Other: \_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF CONCERNS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### ADDITIONAL DOCUMENTATION

Medical records attached?  Yes  No

Photographs taken?  Yes\*  No

\*Location of photos: \_\_\_\_\_

### PHYSICAL EXAM (WNL = Within Normal Limits)

General	Weight _____	Temp _____
Skin/Coat	<input type="checkbox"/> WNL	<input type="checkbox"/> Hair Loss <input type="checkbox"/> Dry <input type="checkbox"/> Scaly <input type="checkbox"/> Matted <input type="checkbox"/> Ticks <input type="checkbox"/> Fleas <input type="checkbox"/> Abscesses <input type="checkbox"/> Ulcer
Eyes	<input type="checkbox"/> WNL	Sighted <input type="checkbox"/> OS <input type="checkbox"/> OD
OS	<input type="checkbox"/> Discharge <input type="checkbox"/> Inflamed <input type="checkbox"/> Mild/Moderate/Severe	
OD	<input type="checkbox"/> Discharge <input type="checkbox"/> Inflamed <input type="checkbox"/> Mild/Moderate/Severe	
Ears	<input type="checkbox"/> WNL	AS Dirty/Odor/Hypertrophy Mild/Moderate/Severe AD Dirty/Odor/Hypertrophy Mild/Moderate/Severe
Nose/Throat	<input type="checkbox"/> WNL <input type="checkbox"/> Nasal discharge	
Mouth/Teeth	<input type="checkbox"/> WNL	<input type="checkbox"/> Gingivitis <input type="checkbox"/> Ulcer <input type="checkbox"/> Tartar <input type="checkbox"/> Broken/Loose Teeth
Heart	<input type="checkbox"/> WNL <input type="checkbox"/> Murmur	
Lungs	<input type="checkbox"/> WNL	<input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Congestion <input type="checkbox"/> Cough <input type="checkbox"/> Abnormal Sounds
Muscle/Skeletal	<input type="checkbox"/> WNL	<input type="checkbox"/> Lameness <input type="checkbox"/> Broken Bones <input type="checkbox"/> Swelling <input type="checkbox"/> Weakness <input type="checkbox"/> Muscle Wasting <input type="checkbox"/> Ataxia
Neurological	<input type="checkbox"/> WNL <input type="checkbox"/> Dull <input type="checkbox"/> Demented <input type="checkbox"/> Moribound	
Body Condition	<input type="checkbox"/> Emaciated <input type="checkbox"/> Very Thin <input type="checkbox"/> Thin <input type="checkbox"/> Ideal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese	% underweight _____ Body Condition Score _____
Nutrition Information	Feed type/source/amount available: _____	

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COMMUNICATION DETAILS

*Please ensure documentation of EACH communication. Include additional sheets as needed.*

Person giving communication: \_\_\_\_\_ Person receiving communication: \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REPORTING

Agency report made to: \_\_\_\_\_ Person taking report: \_\_\_\_\_

Report made on: Date \_\_\_\_\_ Time \_\_\_\_\_ Method:  Fax  Email  Website  Verbal/Phone

Report Filed By: \_\_\_\_\_

Signature: \_\_\_\_\_

### OWNER NOTIFICATION

Owner notified of report?  Yes  No

Knowledge of previous reports/complaints made?  Yes\*  No

\*Details if yes: \_\_\_\_\_

