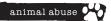


## SUSPECTED ANIMAL CRUELTY REPORT LARGE ANIMAL

ANIMAL INFORMATION								
Name/Identification:	Species/Breed/Use:							
Markings, tattoos, brands:	DOB/Age:							
Sex: ☐ Male ☐ Female Intact: ☐ Yes ☐ No ☐ Unknown	, 0							
OWNER INFORMATION								
Name (Last, First):								
Address:								
Phone:	Email:							
PERSON SUSPECTED OF CRUELTY								
Address:								
Phone:								
INCIDENT DETAILS								
Location:	Date/Time:							
REASON FOR REPORT (Check all that apply, and add explanation								
☐ Abandonment of animal	☐ Parasite infestation, severe							
☐ Animal fighting	☐ Person struck or caused physical/sexual harm to anima							
☐ Extreme emaciation without apparent medical reason	☐ Suffering caused by ongoing, untreated injury or illnes							
☐ Hoarding (e.g., signs that the owner may have more animals than able to adequately care for)	☐ Unexplained injuries that do not match owner history☐ Unfit environment							
☐ Inadequate condition, severe (e.g., overgrown hooves)	☐ Other:							
☐ Multiple injuries in various stages of healing	Other.							
☐ Owner/other person reports causing harm (self-disclosure)								
DESCRIPTION OF CONCERNS								



## SUSPECTED ANIMAL CRUELTY REPORT

LARGE ANIMAL

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Medical records	ttached?
PHYSICAL EXAM	VNL = Within Normal Limits)
General	Veight Temp
Skin/Coat	□ WNL □ Hair Loss □ Dry □ Scaly □ Matted □ Ticks □ Fleas □ Abscesses □ Ulcer
Eyes	□ WNL Sighted □ OS □ OD
	□ Discharge □ Inflamed □ Mild/Moderate/Severe
OD	□ Discharge □ Inflamed □ Mild/Moderate/Severe
Ears	WNL <b>AS</b> Dirty/Odor/Hypertrophy Mild/Moderate/Severe <b>AD</b> Dirty/Odor/Hypertrophy Mild/Moderate/Severe
Nose/Throat	□ WNL □ Nasal discharge
Mouth/Teeth	☐ WNL ☐ Gingivitis ☐ Ulcer ☐ Tartar ☐ Broken/Loose Teeth
Heart	□ WNL □ Murmur
Lungs	□ WNL □ Difficulty breathing □ Congestion □ Cough □ Abnormal Sounds
Muscle/Skeletal	□ WNL □ Lame □ Broken Bones □ Swelling □ Weakness □ Muscle Wasting □ Ataxia
Neurological	□ WNL □ Dull □ Demented □ Moribound
<b>Body Condition</b>	□ Emaciated □ Very Thin □ Thin □ Ideal □ Overweight □ Obese
	% underweight Body Condition Score
Nutrition Information	eed type/source/amount available:
COMMUNICATIO  Person giving com  Details:	unication: Person receiving communication:
Report made on: Report Filed By: _	to: Person taking report: te Time Method: ☐ Fax ☐ Email ☐ Website ☐ Verbal/Phone
	TION  port? ☐ Yes ☐ No Knowledge of previous reports/complaints made? ☐ Yes* ☐ No