

Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 (as amended)

Veterinary Inspector's Report – Schedule of Horses Inspected

This inspection must only be carried out by a suitably qualified veterinary surgeon who is registered with the RCVS to practice in England.

NAME OF ESTABLISHMENT:		
LICENCE NUMBER:	DATE OF INSPECTION:	

Please note that any specific recommendations should be included in a covering letter to the local authority.

Name: (Including Pet Name)						Sex:			Cond Score	ition e (1-5):		Heig (Han App	ds	
Part Livery:	Yes	No	Year of Bi	r of Birth / DOB:			Condition of Feet/Shoeing:			Suitable Tack:			Yes	No
Passport:	Yes	No	Colour:				Passport Number:							
Fit for Licensat	ble Activitie	S:	Yes	No			Microchip Number:							
NOTES:														



Name: (Including Pet Name)						Sex:			Cond Score	lition e (1-5):		Heigl (Hano Appr	ds	
Part Livery:	Yes	No	Year of Birth / DOB:			Condition of Feet/Shoeing:			Suitable Tack:			Yes	No	
Passport:	Yes	No	Colour:				Passport Number:							
Fit for Licensable Activities:		s:	Yes	No			Microchip Number:							
NOTES:														

Name: (Including Pet Name)						Sex:			Cond Score	ition e (1-5):		Heig (Han Appr	ds	
Part Livery:	Yes	No	Year of Birth / DOB:				Condition of Feet/Shoeing:	Suitab			le Tack:		Yes	No
Passport:	Yes	No	Colour:			Passport Number:								
Fit for Licensab	le Activities	e Activities: Yes No					Microchip Number:							
NOTES:														



Name: (Including Pet Name)					Sex:		Condition Score (1-5):			Heigh (Hand Appro				
Part Livery:	Yes	No	Year of Birth / DOB:			Condition of Feet/Shoeing:			Suitable Tack:			Yes	No	
Passport:	Yes	No	Colour:				Passport Number:							
Fit for Licensable Activities:			Yes	No			Microchip Number:							
NOTES:														

Name: (Including Pet Name)						Sex:			Cond Score	ition e (1-5):		Heig (Han App	ds	
Part Livery:	Yes	No	Year of Birth / DOB:			Condition of Feet/Shoeing:			Suitable Tack:			Yes	No	
Passport:	Yes	No	Colour:	Colour:			Passport Number:							
Fit for Licensable Activities: Yes No			No			Microchip Number:								
NOTES:														



DECLARATION

I confirm that the information in this form pertains to the _____(number of) horses which I have inspected at the above-named establishment and that it is accurate to the best of my knowledge and belief.

VETERINARY INSPECTOR'S NAME:	
VETERINARY PRACTICE:	
DATE:	
SIGNATURE:	

GUIDANCE

Body Condition Score	Condition of Feet/Shoeing	Hearts and Eyes					
1 – Emaciated	US – Unshod						
2 – Thin	USB – Unshod behind	If you identify any issues with boarts and/or even					
3 – Good	OK – Satisfactory/average	If you identify any issues with hearts and/or eyes, please explain these further in the 'notes' boxes provided above.					
4 – Fat	UN – Unsatisfactory	provided above.					
5 – Obese	GD – Good						