**Veterinary Inspector’s Report – Schedule of Horses Inspected**

*Applicable under Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 for England and Riding Establishments Acts 1964 and 1970 for Wales and Scotland*

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

|  |  |
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| **NAME OF ESTABLISHMENT** |  |
| **DATE OF INSPECTION** |  |

**\*Please note red boxed questions are for completion by the inspecting vet only**

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| **Name:** | *Dobbin* | | | **Sex:** | *G* | | **Height:** | | *16.2hh* | **Year of birth:** | *1996* | | |
| **Part Livery:** | Yes | No | **Condition score (1-5):** | *\*Vet only* | **Condition of feet/shoeing:** | *\*Vet only* | **Suitable tack:** | *\*Vet only* | **Heart:** | | *\*Vet only* | **Eyes:** | \*Vet only |
| **Passport:** | *\*Vet only* | | **Colour/Breed:** | *Grey/Welsh Cob* | | | **Microchip number (if checked):** | *100000000000000* | | **Universal Equine Life Number:** | | *123456789101112* | |
| **NOTES:**  …………………………………………………………………………………………………………………………..SAMPLE………........................................................................................................................................ | | | | | | | | | | | | | |

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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
| **Part Livery:** | Yes | No | **Condition score (1-5):** |  | **Condition of feet/shoeing:** |  | **Suitable tack:** |  | **Heart:** | |  | **Eyes:** |  |
| **Passport:** | Yes | No | **Colour/Breed:** |  | | | **Microchip number (if checked):** |  | | **Universal Equine Life Number:** | |  | |
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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
| **Part Livery:** | Yes | No | **Condition score (1-5):** |  | **Condition of feet/shoeing:** |  | **Suitable tack:** |  | **Heart:** | |  | **Eyes:** |  |
| **Passport:** | Yes | No | **Colour/Breed:** |  | | | **Microchip number (if checked):** |  | | **Universal Equine Life Number:** | |  | |
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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
| **Part Livery:** | Yes | No | **Condition score (1-5):** |  | **Condition of feet/shoeing:** |  | **Suitable tack:** |  | **Heart:** | |  | **Eyes:** |  |
| **Passport:** | Yes | No | **Colour/Breed:** |  | | | **Microchip number (if checked):** |  | | **Universal Equine Life Number:** | |  | |
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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
| **Part Livery:** | Yes | No | **Condition score (1-5):** |  | **Condition of feet/shoeing:** |  | **Suitable tack:** |  | **Heart:** | |  | **Eyes:** |  |
| **Passport:** | Yes | No | **Colour/Breed:** |  | | | **Microchip number (if checked):** |  | | **Universal Equine Life Number:** | |  | |
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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
| **Part Livery:** | Yes | No | **Condition score (1-5):** |  | **Condition of feet/shoeing:** |  | **Suitable tack:** |  | **Heart:** | |  | **Eyes:** |  |
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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
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| **Passport:** | Yes | No | **Colour/Breed:** |  | | | **Microchip number (if checked):** |  | | **Universal Equine Life Number:** | |  | |
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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
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| **Passport:** | Yes | No | **Colour/Breed:** |  | | | **Microchip number (if checked):** |  | | **Universal Equine Life Number:** | |  | |
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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
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| **Name:** |  | | | **Sex:** |  | | **Height:** | |  | **Year of birth:** |  | | |
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| **Passport:** | Yes | No | **Colour/Breed:** |  | | | **Microchip number (if checked):** |  | | **Universal Equine Life Number:** | |  | |
| **NOTES:** | | | | | | | | | | | | | |

**DECLARATION**

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

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| **VETERINARY INSPECTOR’S NAME:** |  |
| **DATE:** |  |
| **SIGNATURE:** |  |

**GUIDANCE**

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| **Body condition score** | **Condition of feet/shoeing** | **Hearts and eyes** |
| **1** – Emaciated | **US** – Unshod | If you identify any issues with hearts and/or eyes, please explain these further in the ‘notes’ boxes provided above. |
| **2** – Thin | **USB** – Unshod behind |
| **3** – Good | **OK** – Satisfactory/average |
| **4** – Fat | **UN** – Unsatisfactory |
| **5** – Obese | **GD** – Good |