VETERINARIAN'S STATEMENT
ANIMAL EVALUATION FORM

Animal belonging to: _____

Animal found on the premises of_____

Located at (complete address) _____

ID# assigned to animal _____ Species_____ Breed_____ Sex_____ Weight_____

Approx. age_____ Description (color/markings)_____

_____

I, _____, am a veterinarian licensed in the State of _____.
(please print name)

I am responding to a request by (agency)_____ to evaluate the above-identified animal.

I hereby certify that this animal exhibits the following:

G presumed neutered/spayed G unneutered/unspayed
G pregnant G nursing G in heat
G evidence of previous litters (enlarged nipples/vulva)

G emaciation
G dehydration
G excessive hair loss
G severe itching
G mange
G dermatitis
G flea dirt
G ticks

G multiple bite wounds
G tumors, other growths
G abscesses
G diarrhea
G urine scalding
G dental problems
G respiratory infection
G heartworm symptoms

G arthritis, other lameness
G overgrown nails/hooves
G earmites/infection
G eye infection
G generalized debility
G internal parasites
(Indicate type below)

Other (e.g., other afflictions, comments on weight, observations of behavior, etc.):_____

_____

_____

Check here if animal was euthanized : ‘ I hereby certify that this animal is so maimed, diseased, disabled, or infirm as to require euthanasia to be spared suffering. Euthanasia is appropriate for this animal, whose symptoms are as described above.

In a written instrument, any person who knowingly makes a false statement herein which such person does not believe to be true has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor. (PL § 210.45)

_____ _____
Signature of Veterinarian Date

‘ Animal kept on premises
or
‘ Relocated to _____ Date _____

Form prepared by New York State Humane Association, PO Box 3068, Kingston, NY 12402 — 8/2000