

**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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> presumed neutered/spayed                              | <input type="checkbox"/> unneutered/unspayed   |  |
| <input type="checkbox"/> pregnant  | <input type="checkbox"/> nursing               | <input type="checkbox"/> in heat                   |
| <input type="checkbox"/> evidence of previous litters (enlarged nipples/vulva) |  |  |
| <input type="checkbox"/> emaciation  | <input type="checkbox"/> multiple bite wounds  | <input type="checkbox"/> arthritis, other lameness |
| <input type="checkbox"/> dehydration   | <input type="checkbox"/> tumors, other growths | <input type="checkbox"/> overgrown nails/hooves    |
| <input type="checkbox"/> excessive hair loss                                   | <input type="checkbox"/> abscesses             | <input type="checkbox"/> earmites/infection        |
| <input type="checkbox"/> severe itching  | <input type="checkbox"/> diarrhea              | <input type="checkbox"/> eye infection             |
| <input type="checkbox"/> mange   | <input type="checkbox"/> urine scalding        | <input type="checkbox"/> generalized debility      |
| <input type="checkbox"/> dermatitis  | <input type="checkbox"/> dental problems       | <input type="checkbox"/> internal parasites        |
| <input type="checkbox"/> flea dirt   | <input type="checkbox"/> respiratory infection | (Indicate type below)                              |
| <input type="checkbox"/> ticks   | <input type="checkbox"/> heartworm symptoms    |  |

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 \_\_\_\_\_