VETERINARIAN’S STATEMENT
ANIMAL EVALUATION FORM

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 ______________.

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

I hereby certify that this animal exhibits the following:

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

☐ emaciation          ☐ multiple bite wounds     ☐ arthritis, other lameness
☐ dehydration        ☐ tumors, other growths      ☐ overgrown nails/hooves
☐ excessive hair loss ☐ abscesses              ☐ earmites/infection
☐ severe itching     ☐ diarrhea               ☐ eye infection
☐ mange              ☐ urine scalding          ☐ generalized debility
☐ dermatitis         ☐ dental problems         ☐ internal parasites
☐ flea dirt          ☐ respiratory infection    (Indicate type below)
☐ ticks              ☐ 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
☐ Relocated to ____________________________________________________    Date __________________

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