

Riding Establishment Inspectorate Schedule of Horses Inspected

Name	Year of Birth	Colour	Passport Number /UELN	Microchip Number	BCS / 5	Condition of Feet/ Shoes	Suitability of Tack	Notes	Suitability for Intended Use
		Height							
		Sex							
Date of inspection:						Signature:			

Establishment name:	
Date of inspection:	
Total number of equines inspected:	
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.	
Veterinary Inspector's name:	
Signature:	
Date:	