Schedule of Horses Inspected									
Establishment Name:									
Veterinary Inspector's Name:									
Date of inspection:			_						
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							
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	Schedule of Horses Inspected								
Name	Year of birth	Colour Height Sex	Passport number /UELN	Microchip number	BCS / 5	Condition of feet / shoes	Suitability of tack	Notes	Suitability for intended use

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:					