



# Brand Inspection

## Form I

### Owner

Full Name: \_\_\_\_\_ Date Purchased: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Seller: \_\_\_\_\_

### Equine Evaluation

(To be filled out by an Equine Professional. Authentication of licensing will be verified.)

I \_\_\_\_\_, a licensed Veterinarian / Brand Inspector, do witness that  
(Print Name) (Circle one)

the \_\_\_\_\_, \_\_\_\_\_ being shown to  
(color) (gender)

me belongs to \_\_\_\_\_ of \_\_\_\_\_ and is bearing only the  
(Owner) (City, State)

brand and/or tattoo drawn below, which to the best of my knowledge is not reported as missing or stolen in my area.

Please shade in, and identify placement of all white markings, brands, and scars.

**Draw Brand here**  
If no brands print "No Brands" in box

**Draw Lip/Ear Tattoo here**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credentials

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_