



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: _____