



**INHUMANE TREATMENT OF ANIMALS INVESTIGATION CHECKLIST**  
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE  
 ANIMAL HEALTH  
 SFN 61354 (4-2018)

Pursuant to NDCC 36-21.2 TREATMENT OF ANIMALS

<b>INVESTIGATING VETERINARIAN</b>			Date	
Name of Veterinarian			Cell Phone Number	
Name of Clinic			Clinic Telephone Number	
Mailing Address		City	State	ZIP Code
North Dakota Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number		
USDA Accredited, if necessary (accreditation may be necessary if interstate or international movement or other regulatory work is involved) <input type="checkbox"/> Yes <input type="checkbox"/> No				
National Accreditation Number		Category <input type="checkbox"/> Category I - Limited <input type="checkbox"/> Category II - All		
Practice Type/Experience (check all that apply) <input type="checkbox"/> Food Animal <input type="checkbox"/> Equine <input type="checkbox"/> Companion/Small Animal <input type="checkbox"/> Exotic <input type="checkbox"/> Other (specify): _____				
Actively Practicing or has Recently Practiced <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Personal Conflict of Interest**

Is the animal investigation located within the veterinarian's normal practice area? (This does not preclude veterinarian from investigation. In some cases, a previous relationship and knowledge of the situation may be helpful.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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