



INHUMANE TREATMENT OF ANIMALS INVESTIGATION PROTOCOL

NORTH DAKOTA DEPARTMENT OF AGRICULTURE

ANIMAL HEALTH

SFN 61355 (5-2023)

Date of Inspection

Owner Name	County	Telephone Number	
Address	City	State	ZIP Code

ANIMAL INFORMATION

Species and/or Breed	Number Present	Age

ESTIMATED BODY CONDITION SCORE (BCS)

Estimated Body Condition Score (BCS) of All Animals (if feasible): Identify Scale Used

For Small Numbers of Animals, Individually Score

For Large Groups of Animals, Estimate Percentages

Note Factors Affecting Assessment (animals with thick hair coats, distance from animals)

Note Any Clinical Signs of Illness

DEAD ANIMALS

Were dead animals present? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Provide Number of Dead Animals	If Yes, Provide Percentage of Dead Animals
Can cause of death be determined? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were tissue samples collected for further analysis at an approved laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FEED

Was feed available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	Amount	Quality
Were feed samples taken for analysis at an approved laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was feed accessible to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify Sample/Laboratory Used			

WATER

Was water available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	Amount	Quality
Were water samples taken for analysis at an approved laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was water accessible to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify Sample/Laboratory Used			

SHELTER

Is shelter adequate for the type of animals present? <input type="checkbox"/> Yes <input type="checkbox"/> No
If housed indoors describe ventilation and air quality
Other pertinent shelter details

Photos Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos Provided To: Law Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> No State Veterinarian <input type="checkbox"/> Yes <input type="checkbox"/> No
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PRODUCER RECOMMENDATIONS

Follow-up Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Phone Call <input type="checkbox"/> Visit
Improvements
Time Frame/Deadlines

LAW ENFORCEMENT

Was the veterinarian accompanied by law enforcement (strongly recommended)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Officer Name	Agency
Recommendations for Law Enforcement	
Seizure Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No For cattle, horses, and mules, if seizure recommended, was law enforcement advised to consult brand inspector? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Re-check Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Phone Call <input type="checkbox"/> Visit	
Was this report provided to law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this report provided to the state veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No

INSPECTING VETERINARIAN

Name		Telephone Number	
Address	City	State	ZIP Code
Signature		Date	

Additional Comments/Information (Avoid comments about the producer, animals, or facility that do not directly relate to the health/welfare of the animals.)

Do not make comments to the media or anyone outside of the investigation while a complaint is under investigation unless requested by state's attorney or law enforcement.

Attach additional sheets if there is additional information to provide.