



ILR Checklist for the Physical Examination of LLAMAS

(Disqualifying traits are indicated by asterisks [])*

TO BE COMPLETED BY OWNER:

Owner Code _____	
Owner Name _____	Phone _____
Address _____	Cell _____
Address _____	Fax _____
City/State/Zip _____	
Llama's Name _____	Sex _____
ILR ID# _____	Date of Birth _____
Microchip #1 _____	Estimated Age _____
Location _____	Color _____
Microchip #2 _____	DNA Testing # _____
Location _____	Ear Tag # _____

I certify to the best of my knowledge, the information above is correct and this lama has not previously been screened.

OWNER'S SIGNATURE X _____ DATE _____

TO BE COMPLETED BY VETERINARIAN:

I certify to the best of my knowledge, the information above is correct and I have verified the microchip number is correct.

VETERINARIAN'S SIGNATURE X _____ DATE _____

Having conducted an examination on this llama, the undersigned verifies that the animal is:

- disqualified** for the noted defect(s).
- found to be **free of the listed defects** within the limitations of this field examination which was done without any laboratory assistance.

This verification does not constitute a guarantee that the animal is free from all congenital or genetic defects.

*I am a graduate veterinarian holding a current license to practice in the state/province of _____
License # _____.*

VETERINARIAN'S SIGNATURE X _____ DATE _____

Please print:

Veterinarian's Name _____
 Clinic Name _____
 Address _____
 City/State/Zip _____
 Phone(s) Office _____ Home _____ Cell _____
 Fax _____
 Email _____

VETERINARY EXAMINATION

✓ Check mark indicates trait present; *Asterisk indicates disqualifying trait

PHYSICAL STATISTICS

Disqualifying trait present? Yes ___ No ___

Trait Present ✓ *Disqualifying Trait* *

_____ Height: at wither _____, at poll _____

_____ Body score: ___ 1* ___ 2 ___ 3 ___ 4 ___ 5

_____ Weight: _____ (Circle method used: SCALE TAPE ESTIMATE)

Adults (central incisor erupted) * < 100 kg (220 lbs) ___, > 100 kg to < 272 kg (600 lbs) ___, * > 272 kg ___

Other abnormalities noted (if yes, list on comment line) Yes _____ No _____

Comments: _____

HEAD

Disqualifying trait present? Yes ___ No ___

Trait Present ✓ *Disqualifying Trait* *

_____ Face: wry face-slight ___, *severe (> 5°) ___

_____ Nostrils: air movement in both nostrils ___

_____ Ears: (must palpate) long ___, short ___, *gopher ___, frostbitten ___, *curled (fused) ___, partial paralysis ___, *excessive thickening ___, *abnormal ear canal ___, tipped ___, other (explain) _____

_____ Eyes: Eyelids: *entropion ___, ectropion ___, laceration ___, defects ___; tearing (evidence of blocked tear ducts) ___; corneal opacity ___, *cataract ___, dilated pupil ___, constricted pupil ___, pigmented iris ___, evidence of blindness ___, symmetrical ___, equal eye size ___

_____ Teeth: superior brachygnathism (undershot jaw) < 0.5 cm ___, * > 0.5 cm ___; inferior brachygnathism (parrot mouth, overshot jaw) < 0.5 cm ___, * > 0.5 cm ___; retained deciduous incisors ___, canine teeth erupted ___, malocclusion ___, long incisors (age related consideration given) ___

Other abnormalities noted (if yes, list on comment line) Yes _____ No _____

Comments: _____

NECK and BODY

Disqualifying trait present? Yes ___ No ___

Trait Present ✓ *Disqualifying Trait* *

_____ Throat latch: swelling ___

_____ Cervical Spine: symmetrical ___, *scoliosis ___, asymmetrical ___

_____ Movement of neck: irregular ___

_____ Thoracic and lumbar spine: *scoliosis ___, lordosis ___, kyphosis ___

_____ Slope of rump slight ___, moderate ___, *severe ___

_____ Tail: (must palpate) *twisted ___, *none ___, *offset ___, *length (< 4") ___, *missing vertebrae ___

Other abnormalities noted (if yes, list on comment line) Yes _____ No _____

Comments: _____

REAR LIMBS

Disqualifying trait present? Yes ___ No ___

Trait Present ✓ **Disqualifying Trait** *

_____ Rear view: base wide ____, base narrow ____;
cow hocked: slight (< 5°) ____, moderate (5°-10°) ____, *severe (> 10°) ____;
bowed out at carpus ____, splay footed ____, pigeon toed ____, *polydactyly ____, *syndactyly ____
_____ Side views: camped forward ____, camped rearward ____;
angulation: post legged ____, too much flexion ____;
sickle hocked: slight (hock angle < 135°) ____, moderate (hock angle < 130°) ____,
*severe (hock angle < 125°); *cocked ankle (pastern angle > 90°), *down in fetlock (pastern angle < 30°) ____
(age related consideration given)

Other abnormalities noted (if yes, list on comment line) Yes _____ No _____

Comments: _____

REPRODUCTIVE

Disqualifying trait present? Yes ___ No ___

Trait Present ✓ **Disqualifying Trait** *

Male:

_____ Testicles: Both testicles in scrotum ____, *Cryptorchid ____, asymmetrical ____
_____ Size: length _____, width _____
_____ Consistency: *hard ____, too soft ____, scrotal edema ____

Female:

_____ Position of vulva: vertical _____, abnormal slope _____
clitoris enlarged (evidence of intersex) ____, length of vulva opening _____ (<0.6 cm)

Other abnormalities noted (if yes, list on comment line) Yes _____ No _____

Comments: _____

CARDIOVASCULAR

Disqualifying trait present? Yes ___ No ___

Trait Present ✓ **Disqualifying Trait** *

_____ Heart: *murmur ____, arrhythmia ____

Other abnormalities noted (if yes, list on comment line) Yes _____ No _____

Comments: _____

MISCELLANEOUS DEFECTS

Disqualifying trait present? Yes ___ No ___

Trait Present ✓ **Disqualifying Trait** *

_____ Teats: *< 4 ____, > 4 ____
_____ Hernias: *umbilical (> 1 cm) ____, *scrotal ____, *inguinal ____, other _____
_____ Toenails: elongated ____, curled ____, abnormal horn ____
_____ Other defects: (The veterinarian is obligated to report any other serious defects that are present and that should, in the veterinarian's professional opinion, result in disqualification.)

Other abnormalities noted (if yes, list on comment line) Yes _____ No _____

Comments: _____

Note: The ILR reserves the right to revise this form at any time. Contact the ILR office for the most recent version of the screening forms.