



## **ILR Checklist for the Physical Examination of ALPACAS**

*(Disqualifying traits are indicated by asterisks [\*])*

### **TO BE COMPLETED BY OWNER:**

Owner Code \_\_\_\_\_ (if have one with ILR)  
Owner Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
  
Alpacas'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 alpacas, 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 \_\_\_\_\_

**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.**

*(G:/ILR/Screening/CURRENT . . . Alpaca - Physical Exam)*

Alpaca's Microchip # (if microchipped) \_\_\_\_\_

## 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) < 250 lbs \_\_\_; < 250 lbs to > 300 lbs \_\_\_; \* > 300 lbs \_\_\_

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) spearshaped \_\_\_, short \_\_\_, \*long \_\_\_, \*curled (fused) \_\_\_, \*banana \_\_\_, frostbitten \_\_\_, 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 moderate \_\_\_, \*high tail set \_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_