



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)	Phone	_____
Owner Name	_____	Cell	_____
Address	_____	Fax	_____
Address	_____		
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)

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: _____

Alpaca's Microchip # (if microchipped) _____

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 ___, *polydactylly ___, *syndactylly ___
____ 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: _____

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