



## **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: \_\_\_\_\_

## FRONT LIMBS

Disqualifying trait present? Yes \_\_\_ No \_\_\_

**Trait Present** ✓ **Disqualifying Trait** \*

\_\_\_\_\_ Front view: base wide \_\_\_, base narrow \_\_\_;  
                   carpal valgus: slight (< 5°) \_\_\_, moderate (< 10°) \_\_\_, \*severe (> 15°) \_\_\_;  
                   bowed out at carpus \_\_\_, splay footed \_\_\_, pigeon toed \_\_\_, \*polydactyly \_\_\_, \*syndactyly \_\_\_  
 \_\_\_\_\_ Side views: camped forward \_\_\_, camped behind \_\_\_; angulation: too straight \_\_\_, too flexed \_\_\_;  
                   buck kneed \_\_\_; calf kneed: slight (> 175°) \_\_\_, moderate (165°-175°) \_\_\_, \*severe (< 165°) \_\_\_;  
                   pastern angles: \*cocked ankle (> 90°) \_\_\_, \*down on fetlock (< 30°) \_\_\_ (age related consideration given)

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

Llama's ILR ID# or Microchip# \_\_\_\_\_

**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.***