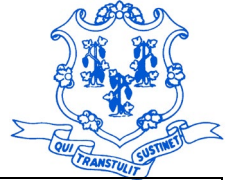


**CONNECTICUT MILITARY DEPARTMENT
STATE AGRICULTURAL WORKER ASSESSMENT**



Unit		Date:	
Name of Horse:		Name of Donor:	
Name of State Agricultural Worker:	Phone Number:	E-Mail:	
ASSESSMENT DURING QUARANTINE PERIOD (first 14 days)			
ASSESSMENT DURING INITIAL CONTACT PERIOD (shared fence line)			
ASSESSMENT DURING LIMITED TURN-OUT PERIOD (with one or two other horses)			
ASSESSMENT DURING FULL ASSIMILATION PERIOD (with entire herd)			
PHYSICAL EXAMINATION (complete with veterinarian or provide acceptable substitute)			
Date of Examination:	Name of Veterinarian:		
Eyes:			
Dental:			
Head:			
Neck:			

**CONNECTICUT MILITARY DEPARTMENT
STATE AGRICULTURAL WORKER ASSESSMENT**



Body:	
Left Front Leg:	
Left Hind Leg:	
Right Front Leg:	
Right Hind Leg:	
Cardiopulmonary:	
Labs:	
Radiology:	
Findings:	

PERSONALITY ASSESSMENT

OVERALL ASSESSMENT

RECOMMENDATION

<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Comments:
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AUTHENTICATION

Signature:	Date:
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