



SOUTHEAST LLAMA RESCUE, INC.

Facility Checklist - ADDENDUM

(Other animals maintained on site)

Please place a 1 for "excellent" a 2 for "acceptable" and a 3 for "improvement needed" next to each item. Items marked ' 3' must be addressed in the problem & planning section.

A. Environment

	Fresh, clean water readily available
	Evidence of adequate supply of pasture or hay (hay storage dry & out of weather)
	Adequate manure management - pens & pastures, particularly feeding area(s)
	Easily available mineral salts
	Stocking rate appropriate to available space
	Intact animals housed separately
	Halters off

B. Routine Herd Maintenance

	Toenails/hooves maintained
	Vaccinations (clarify what vaccinations they routinely do) <input type="checkbox"/> CDT <input type="checkbox"/> West Nile Other: _____ <input type="checkbox"/> Rabies <input type="checkbox"/> Lymes Disease
	Fecal tests <ul style="list-style-type: none"> How often?
	De-worming <ul style="list-style-type: none"> Types of parasites most recently encountered / protocol used? Please list:
	Currently utilizing an M-worm protocol for camelids? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is treatment (product/dose)? _____ Schedule? _____
	If fiber animals, do they routinely shear? If camelids, are fighting teeth filed on males? <ul style="list-style-type: none"> Exceptions? Please list:
	Other species which are/will be pastured with camelids (please list):

SELR Representative (Initial) _____

Applicant (Initial) _____



SOUTHEAST LLAMA RESCUE, INC.

Facility Checklist - ADDENDUM

(Other animals maintained on site)

C. Other *(Include any additional observations on back of form)*

	<p>Recent deaths or serious illnesses (within the last year)? If so, known reason(s)</p>
--	--

SELR Representative (Initial) _____

Applicant (Initial) _____