

AP406 SHOW MANAGEMENT AFTER EVENT REPORT

We hope that you were satisfied with the inspection services provided by FOSH. As the responsible party that requested affiliation with FOSH for this event, please forward this completed report to the above address within thirty (30) days following the completion of the event.

Name of show _____ Location _____
Inclusive Dates _____ Judge(s): _____
Show Manager Name _____ Phone # _____
Show Secretary Name _____ Phone # _____
Total Number of classes offered _____ Actually held _____ Total number of class entries _____
DQP(s) in attendance: _____
Total monies your event paid to the DQP(s) for stipend, per diem & mileage. \$ _____
Total cost of lodging and airline tickets provide for the DQP(s) \$ _____

Were there any deviations from the HPA or FOSH inspection protocols reported to you?	Yes___	No___
Were the DQP(s) in an identifiable uniform during the event?	Yes___	No___
Were the DQP(s) courteous in dealings with the exhibitors?	Yes___	No___
Did the DQP(s) show up for the event at least 1 hour before starting time?	Yes___	No___
Did the inspections appear to be complete, thorough, and consistent?	Yes___	No___
Did the inspection requirements unduly impede the flow of the show?	Yes___	No___
Were there any complaints about the DQP or inspection process from the exhibitors?	Yes___	No___
If there were any horses excused for a violation, was it handled well?	Yes___	No___
Would you consider using this inspection program in the future?	Yes___	No___

Please provide your comments especially for any concerns noted above _____

Name _____ Phone # _____
Signature _____ Date ____/____/____
Address _____
City _____ State _____ Zip _____

Return Form to:
USDA-APHIS-Animal Care
2150 Centre Ave.
Building B, Mailstop 3W11
Fort Collins, CO 80526-8117