



### Field Assessment of Geriatric Horse Nutrition and Health

#### (Page 1) Owner & Referring Veterinarian Information of the Horse

*To fill in the survey using the text editor, go to the View tab, choose the Toolbars menu, and select the Forms toolbar. There should be a padlock button on the far right of the toolbar (horizontal view). Click the lock button – this locks and unlocks the survey. In the locked state, you can simply click the checkboxes and an 'X' will appear in the box and you can choose from the drop-down boxes (question 26). However, to type your entries into the survey, you will have to unlock the survey.*

1. Horse Information

Name: \_\_\_\_\_

2. Owner Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Barn Address: \_\_\_\_\_

Street

City

State

Zip

3. Referring Veterinarian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Street

City

State

Zip

4. How many horses are housed in the same property?

Only horse

More than one horse, please indicate how many: \_\_\_\_\_

5. What is the primary function of the operation where your horse lives?

Boarding Stable \_\_\_\_\_

Training stable, please specify type: \_\_\_\_\_

Horse breeding farm, please specify type: \_\_\_\_\_

Farm/ranch, please specify type: \_\_\_\_\_

Horse sanctuary \_\_\_\_\_

Residence with horses for personal use \_\_\_\_\_

Other, please specify: \_\_\_\_\_

#### (Page 2) Signalment

6. Age (in years): \_\_\_\_\_

7. How did you determine his/her age?

Teeth

Tattoo

Guess

Other, please specify: \_\_\_\_\_

8. Breed: \_\_\_\_\_

9. Gender:

Mare

Gelding

Stallion

Fixed female

Other, please specify: \_\_\_\_\_

10. How long have you owned this horse? \_\_\_\_\_ years

11. Approximate weight of this horse: \_\_\_\_\_ lbs.

12. Estimated body condition score: \_\_\_\_\_ (1=emaciated to 9=obese) see chart of BCS

**(Page 3) Exercise**

13. What discipline was this horse mainly used for in the past?

Dressage

Endurance

Hunter/Jumper

Polo

Pleasure/trail

Racing

Three-day-eventing

Western

Other, please specify: \_\_\_\_\_

14. What discipline is this horse currently performing?

Dressage

Endurance

Hunter/Jumper

Polo

Pleasure/trail

Racing

Three-day-eventing

Western

Other, please specify: \_\_\_\_\_

15. Is this horse is retired?

Yes

No

When?: \_\_\_\_\_

Why? \_\_\_\_\_

16. How much time does this horse typically spend in a stall.

Enter the number of hours/day: \_\_\_\_\_

Does that change with time of the year? \_\_\_\_\_

Yes  No

If Yes, please specify:

Winter \_\_\_\_\_ hours / day

Spring \_\_\_\_\_ hours / day

Summer \_\_\_\_\_ hours / day

Fall \_\_\_\_\_ hours / day

17. List how much exercise this horse typically gets. Please pick the activity and indicate the number of days and number hours per day for that activity.

Lunging \_\_\_\_\_

Ridden in Arena \_\_\_\_\_

Trail riding \_\_\_\_\_

Other, please specify: \_\_\_\_\_

Does that change with time of the year?

Yes  No

If Yes, specify:

Winter \_\_\_\_\_

Spring \_\_\_\_\_

Summer \_\_\_\_\_

Fall \_\_\_\_\_

18. Is this horse turned out?

Yes  No

If Yes, please specify:

Number of hours per day? \_\_\_\_\_

Where?

Dry lot/paddock

Sand arena

Grassy paddock

Grassy field/pasture

Other, please specify: \_\_\_\_\_

How?

By itself

With other horses

With other animals (donkeys, cows, goats, sheep, etc.)

**(Page 4) Horse's Detailed Diet History**

*(If you can not provide enough detail about the brand and amounts of feed or supplements, just write down what you remember and we will fill in the blanks during the farm visit)*

19. Forage:

What type of hay do you feed?

Grass

Timothy hay

- Alfalfa
- Grass/Alfalfa mix
- Round bale
- Other, please specify: \_\_\_\_\_

Do you weigh the hay daily/ regularly?

- Yes                       No

How much hay do you feed (total per day)? \_\_\_\_\_ number of flakes or the weight (lbs)

How many times is this horse given dry hay daily?

- 1     2     3     4     Other: \_\_\_\_\_

a. Does this horse eat fresh grass?

- Yes                       No

If Yes, please specify:

Number of hours per day: \_\_\_\_\_

List which months of the year the animal spends grazing fresh grass

From:                      Jan                      To                      Jan

b. Do you feed other types of roughage/forage? (*pick all that apply*)

- Hay pellets, specify brand & amount per day \_\_\_\_\_
- Hay cubes, specify brand & amount per day \_\_\_\_\_
- Dengie/chopped forage, specify brand & amt/day \_\_\_\_\_
- Beet pulp, specify brand & amount per day \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

20. Has the hay been analyzed?

- Yes                       No

If Yes, how often is the hay analyzed?

- Once     Every Year     Every Season     Every shipment     Other: \_\_\_\_\_

21. Do you feed this horse any type of pelleted, extruded or textured feed or grain?

- Yes                       No

If Yes, list the grain or pellets and how much per feeding and how many times a day in the space below:

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22. How many times is this horse given feed/grain daily?

- 1     2     3     4     Other: \_\_\_\_\_

23. Does this horse get a salt or salt/mineral block?

- Yes                       No

24. What dietary supplements do you give to this horse? Please specify what type or brand and how much per day.

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25. How often do you feed this horse bran mash? (*Pick one*)

- Never
- Regularly
- 2-3 times/month
- Once a week or more
- Regularly, but only in the winter
- Other, please specify: \_\_\_\_\_

What are the ingredients and amounts of feedstuff in the bran mash?

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26. Do you change/adjust this horse's diet at various times/seasons of the year?

- Yes
- No

If Yes, please specify:

List which months or seasons of the year

From: Jan To: Jan

From: Winter To: Winter

Please list the changes:

- Increase hay, please specify product & amount \_\_\_\_\_
- Add oil, please specify product & amount \_\_\_\_\_
- Increase oil, please specify product & amount \_\_\_\_\_
- Add supplement, please specify product & amount \_\_\_\_\_
- Increase supplement, specify product & amount \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

27. Do you feed this horse treats, carrots, etc?

- Yes
- No

If yes, how often?

- Less than once a week
- A few times/week
- Once a day
- More often

28. What source of nutrition advice do you use?

- None
- Your equine veterinarian
- Barn manager
- Internet chat room
- Read internet
- Read book/magazines
- Friends
- Family tradition
- Feed store
- Other, please specify: \_\_\_\_\_

**(Page 5) Health History (from Owner)**

29. How often is this horse seen by a veterinarian? \_\_\_\_\_ (number of months between exams)  
30. How often are this horse's teeth floated? \_\_\_\_\_ (number of months between dental treatments)

Or pick a category:

- Twice a year
- Once a year
- Once every two years
- Less often than once every 2 years

31. Who performs the dental work? (pick one)

- Your Veterinarian
- A non-veterinarian dentist
- A veterinarian dentist
- Other, please specify: \_\_\_\_\_

32. Is the horse shod?

- Yes
- No

33. How often is this horse seen by a farrier? \_\_\_\_\_ (number of months between visits)  
\_\_\_\_\_ (number of weeks between trials)

34. Has this horse had any problem shedding the winter coat?

- Yes
- No

35. Has this horse had delayed shedding?

- Yes
- No

If yes, year started? \_\_\_\_\_

36. Has this horse had partial shedding, only patches?

- Yes
- No

If yes, year started? \_\_\_\_\_

37. Has this horse stopped shedding?

- Yes
- No

If yes, year started? \_\_\_\_\_

38. Do you body clip this horse?

- Yes
- No

If Yes, how often? \_\_\_\_\_

39. Has this horse had any of the following? (*check all that apply*)

Please indicate **when** the problem was identified or diagnosed.

- Increase in amount of water consumed \_\_\_\_\_
- Decrease in amount of water consumed \_\_\_\_\_
- Increase in amount urine produced \_\_\_\_\_
- Decrease in amount of urine produced \_\_\_\_\_
- Increase in body weight \_\_\_\_\_
- Decrease in body weight \_\_\_\_\_
- Difficulty chewing \_\_\_\_\_



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42. Please indicate any other form of parasite control measures (list the strategy/ measure and any products).

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43. What is the vaccination program for this horse? Specify what vaccines and when they are given.

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