

FEEDING RECOMMENDATION - QUESTIONNAIRE

Contact details for the horse owner:

Name/Surname:

Address:

Email:

Contact telephone:

Date:

1. Purpose of the enquiry:

Current diet review

Diet review needed due to problems (detail problem)

Additional comments:

2. Horse details:

Name: <input type="text"/>	Condition: <input type="checkbox"/> just right	<input type="checkbox"/> Gelding
Height: <input type="text"/>	<input type="checkbox"/> well-fed	<input type="checkbox"/> Mare <input type="checkbox"/> lactating
Colour: <input type="text"/>	<input type="checkbox"/> overweight	<input type="checkbox"/> pregnant (Month: <input type="text"/>)
Age: <input type="text"/>	<input type="checkbox"/> underweight	<input type="checkbox"/> Stallion
Breed: <input type="text"/>	<input type="checkbox"/> emaciated	Covering: <input type="checkbox"/> yes <input type="checkbox"/> no
Weight: <input type="text"/>		
<input type="checkbox"/> weighed <input type="checkbox"/> estimated		
Estimation of Body Scoring: <input type="text"/>		

3. Appearance observations:

Coat: shiny dull too long hair loss

How does the seasonal change of coat happen? ok slow

Worming treatment? yes no If yes, when?

Skin: good flakey itchy dry eczema mud fever

Hoof Condition: good cracks fissures thrush rotting white line disease

Hoof growth: normal slow

4. Behaviour, condition and rideability observations:

normal laid back hot nervous spooky variable

normal stamina sweats normally increased sweat loss no stamina strong and powerful

flexible/open minded laid back/lazy tight/tense easy going / happy to work hot

5. Feeding details

Feeds	Quantity (in g, ml)	Brand	Frequency
Roughage (e.g Hay, Haylage)			
Quality			
Concentrates (cereals, muesli, pellets)			
Minerals			
Additional items (i.e. carrots, apples, etc)			
Other			

What could be or should be replaced and continuing informations to the feedstuffs:

Feeding behaviour: loves food fussy eater variable
 Feed utilization: normal good doer bad doer

6. Management details:

Living:	<input type="checkbox"/> Stable	<input type="checkbox"/> Barn	<input type="checkbox"/> Other:
Bedding:	<input type="checkbox"/> Straw	<input type="checkbox"/> Shavings	<input type="checkbox"/> Other:
Access to a field:	Hours per day:	<input type="checkbox"/> just in summer	<input type="checkbox"/> all year
Grass quality:	<input type="checkbox"/> normal	<input type="checkbox"/> poor	<input type="checkbox"/> abundant <input type="checkbox"/> don't know
Additional comments:			

7. Performance observations:

Leisure Hacking Sports Others: _____
 Competition Level (Amateur, Professional, International): _____
 Training days per week: _____ How long in average per week: _____

Dressage Show jumping Eventing Western
 Others (e.g. Endurance, driving): _____

8. Health observations:

Digestion	Skin, Hooves, Teeth	Metabolism + Organs	Musculoskeletal system	Immune system	Muscles
<input type="checkbox"/> Overweight	<input type="checkbox"/> Mud fever	<input type="checkbox"/> EMS	<input type="checkbox"/> Bone fractures	<input type="checkbox"/> Infections	<input type="checkbox"/> PSSM
<input type="checkbox"/> Predisposed to colics	<input type="checkbox"/> Hoof problems	<input type="checkbox"/> Cushings	<input type="checkbox"/> Tendon problems	<input type="checkbox"/> Immune weakness	<input type="checkbox"/> Tying up
<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Sarcodis	<input type="checkbox"/> Liver problems	<input type="checkbox"/> Joint problems	<input type="checkbox"/> Respiratory disease	<input type="checkbox"/> Shivering
<input type="checkbox"/> Faecal water	<input type="checkbox"/> Eczema	<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Ligament problems	<input type="checkbox"/> Allergies	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Ulcers	<input type="checkbox"/> Laminitis	<input type="checkbox"/> Circulation			
	<input type="checkbox"/> Dental problem	<input type="checkbox"/> Heart disease			

Additional comments and further notes: _____

Incompatibility (e.g. Cereals, molasses, apples, ...) _____

Other characteristics or comments pertinent to your horse: _____

Feeding Recommendation (completed by St. Hippolyt)

Product	Quantity per day

Others: _____

Annotation: If there is an up to date blood analysis available please send it to info@st-hippolyt.de.