

Gastroscopy Clinic Information

Owner Information:

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Horse Information:

Name: _____ Age: _____ Sex: _____

Breed: _____

Environment:

Pasture/turn out Time per day? _____ Stall Time per day? _____
Pasture/turn out: Alone With others How many other horses? _____
Size of pasture/turnout area? _____

Activity:

Activity level: light moderate heavy

What activity/discipline? _____

How often? _____ times per week? _____ average ride time?

Is your horse in training? Yes No

If yes, how long have they been in training? _____

How often do you compete or haul? _____ Average hauling distance? _____

Diet:

How often fed per day? _____

Type of hay: alfalfa grass other _____ Amount per feeding _____

Form of hay: flakes cubes pellets other _____

Type of grain: sweet pelleted other _____ Amount per feeding _____

Brand: _____

Supplements: _____

Behavior:

Does your exhibit any of the following behaviors?

grinding teeth weight loss eating slowly/not finishing meals disobedience

irritability excessive salivation anorexia other _____

History:

Last dewormed? _____ Product used? _____

Current Medications? _____

Last treatment with Bute or Banamine? _____ Amount? _____

Previous history of gastric ulcers? Yes No If yes, severity: _____ When diagnosed? _____

Treatment used? _____ Last treatment? _____

Have you ever used an ulcer preventative? Yes No Product? _____ Last used? _____

Do you suspect your horse has ulcers? Yes No

If yes, why? _____