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# Health and History

|  |  |
| --- | --- |
| Horse |  |
|  |  |
| **Name Owner** |  |
|  |  |
| **Address**  |  |
|  |  |
| **Email + ph** |  |
|  |  |
| **Professional Team** |

|  |  |  |
| --- | --- | --- |
| Specialty | Name | Ph |
| **Nutritionist** | **Dale Logan – DL Equine Nutrition** | **0274 983665** |
| **Dentist** |  |  |
| **Vet** |  |  |
| **Farrier** |  |  |
| **Physio** |  |  |
| **Saddle Fitter** |  |  |
|  |  |  |
|  |  |  |

 |
|  |  |
| **How long owned** |  |
|  |  |
| **Breed** |  |
|  |  |
| **Age** |  |
|  |  |
| **Colour** |  |
|  |  |
| **Sex** |  |
|  |  |
| **Build / Bone** |  |
|  |  |
| **Details of any abnormalities****e.g. scars, injuries** |  |
|  |  |
|  |  |
|  |  |
| Weight  |

|  |  |
| --- | --- |
| **Height cm** |  |
| **Length cm** |  |
| **Girth cm** |  |
| **Neck cm** |  |
|  |  |

 |
|  | **Weight kg = (Girth cm x Girth cm) x Length cm ÷ 11877** |
| **Date****Weight****Date****Weight****Date****Weight****Date****Weight****Date****Weight** |

|  |  |
| --- | --- |
| **Height cm** |  |
| **Length cm** |  |
| **Girth cm** |  |
| **Neck cm** |  |

|  |  |
| --- | --- |
| **Height cm** |  |
| **Length cm** |  |
| **Girth cm** |  |
| **Neck cm** |  |

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| --- | --- |
| **Height cm** |  |
| **Length cm** |  |
| **Girth cm** |  |
| **Neck cm** |  |

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| --- | --- |
| **Height cm** |  |
| **Length cm** |  |
| **Girth cm** |  |
| **Neck cm** |  |

|  |  |
| --- | --- |
| **Height cm** |  |
| **Length cm** |  |
| **Girth cm** |  |
| **Neck cm** |  |

 |
| **Work Load -****Hours per day -Light, hard work..** |  |
|  |  |
| **Water type (bore, creek, main supply)** |  |
|  |  |
| **Urination –** * **How often/ flow**
* **Colour**
* **Straining**
 |  |
|  |  |
| **Manure*** **Type**
* **Regular**
* **Loose**
 |  |
|  |  |
| **Sweating – heavy/light** |  |
|  |  |
| **Skin / Hair (coarse, fine)** |  |
|  |  |
| **Conformation** |  |
|  |  |
| **Joints – Arthritis? Issues?** |  |
|  |  |
| Worming History |

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| --- | --- |
| **Wormer Name** | **Date** |
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| Dental History |

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| --- | --- | --- |
| **Dentist** | **Date** | **Issues** |
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|  |  |
| Vaccinations |

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| --- | --- |
| **Date** | **Type** |
|  |  |
|  |  |
|  |  |
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| **Breeding and cycling history - mares** |

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| **Date** | **In Season** |
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|  |  |
| Farrier |

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| --- | --- |
| **Date** | **Shoe/ Trim** |
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| Health problems**Has your horse ever suffered from?*** **Laminitis**
* **Colic**
* **Gastric ulcers**
* **Tying up**
* **Other**
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| --- | --- |
| **Date** | **Health Issue** |
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| Medication**Does your horse currently receive any prescriptions and/or other medications?** |

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| **Date** | **Medication** |
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# Feed Information Chart

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|  | **WEIGH YOUR HORSES FEED WITH SCALES!** **You need the accurate weight of each feedstuff to calculate what your horse is eating** |
| **Pasture** * **Pasture details – Type Grass e.g. 50% kikuyu, 20% Rye grass, 30% clover?**
 | **How many hours per day does your horse have access to pasture?**

|  |  |
| --- | --- |
| **Type Grass Species** | **%** |
|  |  |
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| **Hay**(**Weight, type**, how often) |

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| --- | --- |
| **Type** | **Weight per day** |
|  |  |
|  |  |

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| **Mixed Feed*** **Weight,**
* **how often,**
 |

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| --- | --- | --- |
| **Feed** | **Brand** | **Weight per day** |
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| **Supplements*** **how often**
* **weight of each ingredient**
 |

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| --- | --- | --- |
| **Supplement** | **Brand** | **Weight per day** |
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| **Do you have any of the following for your horse and property?*** **Blood tests for nutritional testing**
* **Pasture or hay testing**
* **Feed testing**
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| **Test** | **Date** |
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|  |  |
| **Other Information** |  |

# Photos

**Photo 1 Left Side Date**

****

**Photo 2 Right Side Date**

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**Photo 3 Hind Rear View Date**

****

**Photo 4 Front View Date**

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**Dl Equine Independent Nutritionist**

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