



• PRODUCTS INC. •

Equine Case History Questionnaire

Please fill out this form, and fax to Vita Royal at (605) 787-4178, or mail it to us at 840 Husker Pl, Rapid City SD 57701. If you have any questions, call us at (605) 787-5488. Thank you.

Horse's Name: _____

Address:

Owner's Name: _____

Best time to call: _____

Home Telephone: _____

Barn/Cell Telephone: _____

Complete feeding program, including grain mix recipe or feed tags, hay type and supplements for the last 3 years if known:

First observation of symptoms and which symptoms:

Horse's current condition:

Treatments, length of duration and response to treatments:

Water supply - depth of well, quality of water: Do **you** drink it?

Does the horse have access to surface water? Quality of surface water:

Has the horse been treated for ulcers? With what, when, and how long?

Any problems with tying up syndrome, or sore muscles or back?

Other symptoms, please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> depressed estrus cycle | <input type="checkbox"/> depressed state |
| <input type="checkbox"/> joint problems including stiffness and swelling | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> skin problems | <input type="checkbox"/> sensitivity to lights |
| <input type="checkbox"/> impaired bone growth | <input type="checkbox"/> nervous & irritable, wild |
| <input type="checkbox"/> lameness | <input type="checkbox"/> sensitivity to noise |
| <input type="checkbox"/> overall slow growth | <input type="checkbox"/> head shaking |
| <input type="checkbox"/> loss of appetite | <input type="checkbox"/> irregular heart beat behavior |
| <input type="checkbox"/> low fertility | <input type="checkbox"/> jaundiced eyelids or eyeball |
| <input type="checkbox"/> big head | <input type="checkbox"/> abnormal hair growth |
| <input type="checkbox"/> craving for & consumption of abnormal feedstuff
(wood, soil, manure, etc.) | <input type="checkbox"/> retained placenta |
| <input type="checkbox"/> enlarged joints | <input type="checkbox"/> aggression toward other horses |
| <input type="checkbox"/> fetal death | <input type="checkbox"/> stall kicking, inconsistency in |
| <input type="checkbox"/> paralysis of hind limbs | <input type="checkbox"/> abnormal graying of hair |
| <input type="checkbox"/> excessive thirst | <input type="checkbox"/> no heat or silent heat |
| <input type="checkbox"/> lumps on body | <input type="checkbox"/> difficulty in foaling |
| <input type="checkbox"/> (especially groin area, throat area, or under tail. | <input type="checkbox"/> fragile bones |
| <input type="checkbox"/> splints, or history of splints | <input type="checkbox"/> reabsorption |
| <input type="checkbox"/> sensitive to touch, painful | <input type="checkbox"/> tying up syndrome |
| | <input type="checkbox"/> weight loss |

- tail rubbing
- flabby muscles
- bloat
- depigmentation on body skin
- ventral midline dermatitis
- bleeding on exercise
- lack of maternal instinct in mares
- ticklish
- dandruff in tail or mane
- warty growths in ears
- low resistance to infection
- eye problem, watering eyes
- EPM
- west nile virus

- digestive upset, colic, founder
- fatigue
- rough hair coat
- hard keeper
- sunburns easily
- severe welting to fly bites
- resistance to flexing
- blue eyes
- resistance to cues
- dull look in eyes
- founder
- seizures

Workload: _____

Bloodlines: _____

Hormones: _____

Lasix: _____

Bute: _____

Vaccination program: _____

Worming Program (chemicals used): _____

Past blood tests: _____

Past x-rays: _____

Possible contamination of water by chemicals from chemical dump sites, land fills, golf courses, etc.?

No Yes (If yes, explain:)

Use of steroids?

No Yes (If yes, explain:)

Any other additional information you feel is relevant:

Location of horse: _____

Hours per day outside: _____

Seasonal present temperature ranges: _____

How did you hear about our clinical trials?
