



EQUINE DIET HISTORY FORM

TO BE COMPLETED BY CLIENT

Please Return to Dr. Meri Stratton-Phelps at:

3407 Millbrook Court

Fairfield, CA 94534

This form can be faxed to:

916-244-2665

Date: _____

Client Name: _____

Client Phone Number: _____

Best time to call: _____

Client Address: _____

Horse Name: _____

Body Weight (lb) _____ (BCS) _____

HOUSING

1. Is your horse housed in a stall in a dry lot in a pasture other (please specify)

2. How large is the area where your horse is housed? _____

3. Does your horse have access to grass pasture? Yes No (if no, please go to question 7)

4. What type of grass is present in the pasture? _____

5. What other types of foliage does your horse have access to while in the pasture?

6. How many hours a day does your horse have access to pasture grass? _____

7. What type of bedding is provided for your horse? _____

8. Does your horse show any vices (cribbing, chewing wood, etc.)? Yes No
If yes, please describe the vices: _____

9. Is your horse housed alone or with other horses? _____

10. How many other horses are kept with your horse? _____

11. How does your horse rank in regard to dominance with the other horses?

EXERCISE

1. What type of exercise does your horse get? _____

2. How often is your horse exercised each week? _____

Each day? _____

3. How would you describe the intensity of exercise? mild moderate intense

4. How long has your horse been working at this level? _____

5. Does a trainer work with your horse? Yes No

6. Do you compete with your horse? Yes No

7. If yes, how often do you compete, and at what level do you compete?

DIET

1. What type of hay do you feed your horse? _____

2. How often do you feed your horse? _____

3. Is your horse fed in a net, in a feeder, or on the ground? _____

4. How is water provided to your horse? _____

5. What amounts of hay do you feed your horse at each feeding (**describe both in flakes and pounds**)? _____

6. How long have you been feeding your horse this regimen? _____

7. Does your horse finish all of the feed it receives at each feeding? Yes No
If no, what types of feed does your horse leave behind?

8. Do you feed your horse any complete feeds (ie: Equine Senior, etc.)? Yes No

9. If yes, what do you feed, and what is the frequency and amount that you feed? _____

10. Do you feed your horse any treats? Yes No

11. If yes, what do you feed, and what is the frequency and amount that you feed? _____

12. Do you feed your horse any supplemental food, grain, or any other supplemental products (including vitamins, mineral or salt blocks, etc) aside from hay and complete feeds? Yes No

13. If yes, what do you feed, and what amount do you feed each day? _____

14. PLEASE LIST EVERYTHING THAT YOU FEED YOUR HORSE (INCLUDING BRAND), ALONG WITH THE FREQUENCY, AMOUNT, AND DURATION USE

For amount, please give a measurement (i.e.: cup, ounce, grams, tablespoon), or a weight if larger quantities are fed (i.e.: pounds, ounces)

BRAND/PRODUCT/FOOD		FREQUENCY	AMOUNT	FED SINCE
EXAMPLES	<i>Alfalfa hay</i>	<i>Twice a day</i>	<i>2 flakes (4 pound flake)</i>	<i>May 2000</i>
	<i>Oats (crimped)</i>	<i>Three times a week</i>	<i>One pound</i>	<i>January 2006</i>
	<i>Equi-Aid Plus vitamin and mineral supplement</i>	<i>Once a day</i>	<i>1 ounce</i>	<i>January 2004</i>

15. What hay or forages do you have available to feed your horse?

16. What commercial feeds can you purchase to feed your horse?

- | | | | |
|-------------------------|--------------------------|--------------------|--------------------------|
| ADM ALLIANCE NUTRITION | <input type="checkbox"/> | BUCKEYE HORSE FEED | <input type="checkbox"/> |
| FARNAM | <input type="checkbox"/> | LMF HORSE FEED | <input type="checkbox"/> |
| NUTRENA HORSE FEED | <input type="checkbox"/> | PURINA MILLS | <input type="checkbox"/> |
| SEMINOLE FEED | <input type="checkbox"/> | TDI HORSE FEED | <input type="checkbox"/> |
| TRIPLE CROWN HORSE FEED | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |

PLEASE LIST _____