



Questionnaire for Equine Nutrition Consultation

Personal data of the client (owner of the animal, veterinary practice)

Please fill in block letters:

Last name: _____
First name: _____
Street address: _____
Postal code, city: _____
Phone: _____
Fax: _____
Cell: _____
E-mail: _____

Referring veterinarian _____

Name of animal: _____
Breed: _____
Age: _____ years
 Mare Stallion Gelding

Current weight: _____ kg
 Estimated Weighed
Hands high: _____ cm

Living environment: Box indoor/outdoor / with paddock / with pasture access
 Open barn/stable / with pasture / with sand lot

Bedding (mattress, straw, sawdust): _____

Other material: _____

Reason for consultation:

Illness/Problem Diet check

Type of illness: _____

(If the animal is ill, please enclose the preliminary report of the responsible veterinarian including laboratory results and details of treatment)

Symptoms: _____
Since when: _____
Further problems: _____
Current medication: _____



What is the main use of your horse?

- Sport Hobby Breeding

Type of work/activity: _____

Approx. _____ x per week for approx. _____ min each time

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Type of work/activity: _____

Approx. _____ x per week for approx. _____ min each time

For broodmares:

Month in foal of broodmare: _____

Or, if foal at side, age of the foal: _____

Feeding:

My horse is generally a:

- Easy feeder Normal feeder Heavy feeder

How many feeds per day? _____

What feed is given? (Please detail quantities in kg/gm per day!)

Roughage: _____ Hay kg/day _____ Straw kg/day _____ Silage kg/day

Concentrates: _____ Grain kg/day: What type?: _____

Commercial feed kg/day (please enclose composition label)

(Name, producer): _____

Mineral supplement: _____ g/day (please enclose composition label)

Other: _____ Carrots kg/day

_____ Other kg/day: What? _____

Rewards and treats given (please enclose composition label)

_____ g/day Product name: _____

_____ g/day Product name: _____

Pasture access: _____ hours/day

Pasture composition: Much grass Stripped

Has the feed been changed? Yes, on _____ No



If yes, what was changed?: _____

Use of animal patient data in research and teaching

The client agrees that the Vetsuisse Faculty may use the animal patient data for teaching purposes (training and further education in the field of veterinary medicine) and for research. Only the data of the animal are used, but not the data of the animal owner. A refusal of consent or a later revocation has no influence on the advice for the animal.

I agree to the further use of my animal's patient data for teaching and research purposes:

I agree I disagree

Costs and invoicing

The client hereby commissions the Institute of Animal Nutrition and Dietetics to provide nutritional advice. He/she acknowledges that he/she is the debtor of the consulting costs to the Vetsuisse Faculty. The client hereby confirms that he or she has been informed about the costs that are likely to be incurred.

Place, date

Signature

Please return the completed questionnaire by post to:

Vetsuisse Faculty, University of Zurich, Institute of Animal Nutrition and Dietetics, Winterthurerstrasse 270, 8057 Zurich