

COMPANION ANIMAL BEHAVIOUR REFERRALS

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CERTIFIED CLINICAL ANIMAL BEHAVIOURIST AND
MEMBER OF THE ASSOCIATION OF PET BEHAVIOUR
COUNSELLORS

EQUINE BEHAVIOUR PROBLEM HISTORY FORM

BACKGROUND INFORMATION:

Date:

Owner's Name:

Owner's Address:

Daytime Telephone Number:

Home Telephone Number:

Address where horse is kept:

Telephone number:

Name of referring veterinary surgeon:

Practice address:

Practice phone number.

Name of horse:

Breed/Type:

Age:

Height:

Sex:

HISTORY:

Please give details in chronological order of any of your horse's history that is known to you.

How old was the horse when you got it?

At what age was it weaned?

Was the horse acquired for any particular purpose (e.g. dressage, hunting)?

Is it still used for this purpose? If not, please give reasons.

DIET:

What is your horse fed on? Give details of quantities and type of any hard feed or roughage.

How many feeds per day is this split into?

Who feeds your horse and at what times of day?

Do you use any dietary supplements?

Do you ever give your horse treats? What and when?

EXERCISE:

Does your horse get exercise? What form does this take and for how long daily?

HOUSING:

Is your horse stabled for any part of the day or year? What type of stable is used?

How many hours per day does your horse spend in the stable? How does this vary during the year?

What type of bedding do you use and why?

Can your horse see, smell or hear other horses from the stable? Give details.

GRAZING OR TURN-OUT:

Does your horse spend time out of the stable? Please give details of location, time spent and how this varies during the year.

Is your horse alone when out of the stable? Please state number and sex of companions.

Is this group stable or are there frequent changes to the group?

How well does your horse get on with the other horses? Does it have a particular friend?

How easily can you catch your horse?

Can you easily take it away from its companions?

HANDLING:

Describe any problems you have in handling your horse in the stable.

Do you have any problems leading the horse or asking it to move aside?

Who else handles the horse and under what circumstances?

Does the horse's behaviour vary for any of these people? Is it anxious of anyone?

MEDICAL HISTORY:

Does your horse have any current medical problems?

Give details of any previous medical problems.

Is your horse on any medication?

Has your horse ever had any dental problems? How recently were its teeth checked?

Give details of any alternative medical treatments that your horse has received?

THE PROBLEM:

Describe the problem that you are having with your horse in as much detail as possible.

What were you and your horse doing just before the behaviour? Was there anything else happening?

What do you and your horse do immediately after the behaviour?

When did the problem begin? Can you give details of what happened before, during and after the first time it happened?

When does the problem occur? Are there any particular circumstances in common?

How frequently does the behaviour occur? Is it becoming more common, less common or staying about the same?

Where does it happen? Has the location altered in any way?

Who is usually present?

Describe just before, during and immediately after the most recent incident.

If your horse is a mare, is the behaviour related to her season or does it change during her season?

Do any related horses have similar problems?

Do any horses in contact with yours have similar problems?

Have you made any previous attempts to cure this problem? Please give details of what you have tried.

OTHER PROBLEMS:

Do you have any other problems with your horse?

How is the horse to:

Shoe

Clip

Rug-up

Tack-up

Groom

Mount

Lunge

Ride in traffic

Box

Veterinary examination

Jump?

Does your horse display any stereotypies ('stable vices')? Please give details.

Is there any other problem you may wish to discuss during the consultation?

REHABILITATION:

How much time can you commit to working with your horse to help solve these problems?

What do you envisage happening if the problem persists?

Thank you for taking the time to complete this questionnaire. Please return it, along with your completed referral form, any video film of your horse's behaviour and your deposit to reach me no less than five working days before your appointment. I look forward to meeting you and your horse.