

Behavior Fact Sheet -- Equine

INSTRUCTIONS: The owner/trainer should fill out pages 1-5 answering each question thoroughly yet concisely. **PLEASE ANSWER EACH QUESTION DIRECTLY ON THIS FORM IN THE SPACE PROVIDED. LIMIT ADDITIONAL INFORMATION TO ONE TYPEWRITTEN PAGE IF NECESSARY.**

Date:

Recorder:

Name & Address of Owner:

Telephone:

Fax:

Email:

Name & Address of Trainer:

Telephone:

Fax:

Name of Horse:

Breed:

Principle use of Horse:

Age of Horse:

Age at which horse was acquired:

Weight:

Color:

Sex:

Gelded/ovariectomized:

Any behavioral changes following gelding/ovariectomy?

Date of last physical examination:

(Please include copies of any relevant medical records and/or bloodwork)

Any medical problems?

Any current medication (please include dose if known)?

Behavior Fact Sheet -- Equine

What is your horse's behavior problem?

Age of onset:

Duration of each incident:

Frequency of occurrence:

Have there been any changes in the pattern, frequency , intensity and/or length of incidents from the time of onset to the present?

Are there any specific conditions which trigger the behavior?

Can the horse be interrupted when engaged in the behavior?

How long is the interval between the behavior stopping and the beginning of the next occurrence?

Behavior Fact Sheet -- Equine

Describe the methods used to stop the behavior and the horse's response to these methods:

Please give a detailed description of the last time the problem occurred:

HORSE'S HISTORY

Where did the horse come from?

What was his/her former use if different from present?

Was horse obtained for different purpose than his current use?

Number of former owners (approximate):

Do you know if related horses showed similar behavior to this one? Did they show any other abnormal behaviors of which you are aware?

HORSE'S ENVIRONMENT

Type of housing (stall [standing or loosebox], pasture, runout shed):

Hours and type of exercise per day:

Exercised every day?

Hours of turn-out per day:

Type of bit used, martingale, other training aids:

Behavior Fact Sheet -- Equine

Other horses with which horse interacts (list age, sex and type of contact):

Relationship between horse and other horses (friendly, aggressive, neutral):

Does horse attempt to herd others?

Other animals in environment:

DIET (How much and how often)

Grain:

Hay:

Food Additives/supplements:

Pasture (type):

Water consumption:

TRAINING

Age at weaning:

Age at which halter broken:

Broken to harness/saddle:

BEHAVIOR PROBLEMS (Describe where appropriate)

Shying -- how often and at what:

Phobias/abnormal fears:

Head shy/resentful of grooming/handling:

