Life Data Labs

Equine Nutrition Consulting Form

Date: ______________________ **Case #:** ___________ **Referred by:** ______________________

Contacts:

Horse Owner's Name	Address	City/ST/Zip	Daytime Phone Number	Owner's Email Address
Farrier's Name	**Farrier's Phone #**	**Farrier's Email address**	**HORSE LOCATION** *(if different from owner's address)*	
Veterinarian's Name	**Veterinarian'ss Phone #**	**Veterinarian's Email Address**	***Facility's Contact Name***	***Contact's Phone Number / Email Address***

Horse Information:

Name of Horse	SEX:	Age or Date of Birth	*Est.* ☐ WEIGHT *Act.* ☐	Breed & Color
	Mare ☐ Intact Male ☐ Gelding ☐			

Activity/Work Level:
- Stall Rest/Maint ☐
- Light Exercise ☐
- Moderate Exercise ☐
- Heavy Exercise ☐
- Very Heavy Exercise ☐

Hair Condition:
- Poor ☐
- Fair ☐
- Good ☐
- Excellent ☐

Condition of Hooves:
- Poor ☐
- Fair ☐
- Good ☐
- Excellent ☐

Shod ☐
Front Only ☐ *Rear Only* ☐
Barefoot ☐

NOTES:

Henneke Body Condition Score:
- 1-Poor ☐
- 2-Very thin ☐
- 3-Thin ☐
- 4-Moderately Thin ☐
- 5-Moderate ☐
- 6-Moderately Fleshy ☐
- 7-Fleshy ☐
- 8-Fat ☐
- 9-Extremely Fat ☐

Current Status:
- Injury Layup ☐
- Boarding ☐
- Light Training/Work ☐
- Moderate Training/Work ☐
- Heavy Training/Work ☐
- Pregnant Broodmare ☐
- Lactating Broodmare ☐
- Stud ☐
- Retirement ☐
- Unknown ☐

Daily Diet - *Please list any additional information on the back of this form*

Pasture Grass - Variety:
(Ex: Mixed cool season, Timothy, Bermudagrass, Mixed Clover, etc)
Variety / Type:___________________
Pasture Grazing Time:_______Hrs / day

Hay - Type/Variety:
Variety / Type:___________________
Free Choice ☐
Limited ☐:____________Lbs per Day

Fortified (compound) Feed Name	Amount Fed/Day:	Time on Fort. Feed = # of
	_________ Lbs/Day	_____ ☐Days ☐Wks ☐Mons ☐Yrs
	_________ Lbs/Day	_____ ☐Days ☐Wks ☐Mons ☐Yrs
	_________ Lbs/Day	_____ ☐Days ☐Wks ☐Mons ☐Yrs
Non-Fortified Oats:	_________ Lbs/Day	Non-Fortified Oats _____ ☐Days ☐Wks ☐Mons ☐Yrs

Supplement Brand Name/Description:	Amt Fed/Day:	Time on Supplement = # of
1	________Lbs/day or ________ oz/day	_____ ☐Days ☐Wks ☐Mos ☐Yrs
2	________Lbs/day or ________ oz/day	_____ ☐Days ☐Wks ☐Mos ☐Yrs
3	________Lbs/day or ________ oz/day	_____ ☐Days ☐Wks ☐Mos ☐Yrs
4	________Lbs/day or ________ oz/day	_____ ☐Days ☐Wks ☐Mos ☐Yrs
Other Feedstuffs	________Lbs/day or ________ oz/day	Other Feedstuffs _____ ☐Days ☐Wks ☐Mos ☐Yrs

PLEASE ATTACH THE FOLLOWING:

1) Brief history of problems including medical history
2) Current and previous Lab work results
3) Photos of entire horse and problem areas
4) If hoof problem, provide images with multiple angles and plantar (sole) surface
5) Completed Life Data Labs' 2-page Equine History of Conditions/Ailments form
6) Any other information that may be significant

Mail To:
Life Data Labs, Inc.
Attn: Scott Gravlee, DVM, CNS
12290 Hwy 72, PO Box 349
Cherokee, AL 35616

Blood Sample Collected by:
____
Please print name

Date Blood Sample Collected:
_______/________/_________
Required

Contact Information:
cservice@lifedatalabs.com (email)
800-624-1873 (toll free) or 256-370-7555
256-370-7509 (fax)

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Equine History of Conditions/Ailments

Case #: ___________

_______________________ Horse's Name

_______________________ Owner's Name

Definitions

Acquired = Developed after birth
Acute = Sudden onset
Chronic = Persistent and long-lasting
Congenital = Present from birth

Diagnosed = Identified by Veterinarian / Farrier
Rare = More than one, but not often
Recurrent = Repeated episodes
Suspected = Not verified by Veterinarian / Farrier

CONDITIONS: ***Please check ✓ONLY the condition(s) the horse has experienced in the appropriate circle or square.***

#	Condition	○	☐
1	Allergic to Feedstuff	○ Yes - Allergic to ____________________	
2	Anemia	○ Diagnosed	
3	Allergic Skin/Urticaria *(Hives)*	○ Acute	☐ Chronic
4	Bone Cyst	○ Yes	
5	Contracted Tendons	○ Congenital	☐ Acquired
6	Chewing Difficulty or Poor Dental Health	○ Yes	
7	Colic	○ One Episode	☐ Recurrent
8	Cribber	○ Yes	
9	Thrush	○ Rare	☐ Recurrent
10	White Line Disease	○ Rare	☐ Recurrent *(Chronic)*
11	DOD *(Developmental Orthopedic Disorders)*	○ Yes	
12	Cushing's Disease *(PPID)*	○ *Suspected*	☐ Diagnosed
13	Insulin Resistance	○ *Suspected*	☐ Diagnosed
14	Low Thyroid *(Hypothyroidism)*	○ *Suspected*	☐ Diagnosed
15	Emaciated *(thin & feeble, lack of nutrition - Body Score = > 3)*	○ Yes	
16	Epiphysitis	○ *Suspected*	☐ Diagnosed
17	Foot Abscesses	○ Rare *(4 or less episodes)*	☐ 5 or more episodes
18	Epistaxis *(Nose bleeding)*	○ Yes	
19	Headshaker	○ Sporadic	☐ Continual
20	Heaves or Recurrent Airway Obstruction *(RAO)*	○ Yes	
21	Anhidrosis *(Unable to sweat)*	○ One Episode	☐ Recurrent
22	Canker	○ One Episode	☐ Recurrent
23	Dermatitis	○ Acute	☐ Chronic
24	Gastric Ulcers	○ One Episode	☐ Recurrent
25	Laminitis	○ Acute	☐ Recurrent *(Chronic)*
26	Founder with Rotation	○ Yes	
27	Hard Keeper *(Thin and difficulty gaining weight)*	○ Yes	
28	Infertility	○ Yes	
29	Joint Stiffness or Arthritis	○ *Suspected*	☐ Diagnosed
30	Metabolic Syndrome	○ *Suspected*	☐ Diagnosed
31	Navicular Syndrome	○ Yes	
32	EIPH *(Exercise-Induced Pulmonary Hemorrhage)*	○ Yes	
33	**HIGH PERFORMANCE HORSE**	○ **Yes**	
34	HYPP *(Hyperkalemic Periodic Paralysis)*	○ *Suspected*	☐ Diagnosed
35	Obesity *(Body Score => 6)*	○ Yes	

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	CONDITIONS (continued): Please check ✓*ONLY* *the condition(s) the horse has experienced in the appropriate circle or square.*		
36	Poor Hoof Structure	○ Yes	
37	Poor Hair Coat Quality	○ Acute	☐ Chronic
38	PSSM *(Polysaccharide Storage Myopathy)*	○ *Suspected*	☐ Diagnosed via DNA Testing
39	Slow Hoof Growth	○ Yes	
40	Shivers	○ *Suspected*	☐ Diagnosed
41	Tender Feet/Sole Bruising	○ Rare	☐ Recurrent
42	Tying Up Syndrome *(Exertional Rhabdomyolysis)*	○ One Episode	☐ Recurrent
43	Warts	○ Yes	
44	Warmblood Fragile Foal Syndrome Carrier	○ *Suspected*	☐ Diagnosed via DNA Testing

CURRENT MEDICATIONS		**Dosage**	**Frequency**	**Duration of Treatment**
Name of Medicine	**Date Began**	*quantity*	*# of times/daily*	
Prascend / Pergolide	Date Began: / /			
Phenylbutazone *(Bute)*	Date Began: / /			
Thyroxine	Date Began: / /			
Other Medications - Please list				
	Date Began: / /			
	Date Began: / /			
	Date Began: / /			
	Date Began: / /			
	Date Began: / /			

NOTES:

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Completed by: ____ **Date:** __________________

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