



Gastroscopy Horse History and Exam Findings Form

Date: _____ Examining Veterinarian: _____

Horse Name: _____ Owner Name: _____

Age: _____ Breed: _____ Gender: _____

Where is the horse stabled _____

What disciplines is the horse used for? _____

In Active Training? Yes or No If yes, training workload? Light Moderate Heavy

Housing (Circle all that apply): Stall Paddock Pasture alone

Pasture with others Dry lot with others Hay during turnout

Hours/day in stall: _____ Hours/day turnout: _____

Diet: Grain/concentrate feedings/day: 1X 2X 3X 4 or more

Grain type/brand: _____ Pounds/feeding: _____

Type of Hay (Circle): Alfalfa Grass Mixed Other: _____

Form of Hay (Circle): Flakes Cubes Pellets Other: _____

Supplements and frequency (current): _____

Medications and frequency (in last 4 weeks): _____

Recent Stressful Event History When exposed
(Circle all that apply for each stressful event)

Competition-single day:	less than 2 weeks	2-4 wks	4-8 wks	+8wks	never
Competition-multi-day:	less than 2 weeks	2-4 wks	4-8wks	+8wks	never
Trailered-less than 4 hours:	less than 2 weeks	2-4 wks	4-8wks	+8wks	never
Trailered-more than 4hrs:	less than 2 weeks	2-4 wks	4-8 wks	+8wks	never
Increased work/training:	less than 2 weeks	2-4wks	4-8 wks	+8wks	never



New barn or trainer: less than 2 weeks 2-4 wks 4-8 wks +8wks never
Change in herd dynamics: less than 2 weeks 2-4wks 4-8 wks +8wks never
Change in feed: less than 2 weeks 2-4wks 4-8wks +8wks never
Other (illness/layup/injury): less than 2 weeks 2-4wks 4-8 wks +8wks never
(Circle) Colic eye disease respiratory disease lameness other

Do you suspect this horse has ulcers? Yes No

If yes, why? (circle all) Decreased Performance Unwilling to work Girthy

Bad attitude/crabby Off Feed Picky Eater Not gaining weight

Poor Coat Quality Weight Loss Other: _____

Colic: Mild Moderate Severe # Times: _____ Date Last Colic: _____

Ulcer History:

Previously Diagnosed with ulcers? Yes No If yes, when? _____

How diagnosed? Gastroscopy Presumptive Other: _____

Were the ulcers treated? Yes No If yes, with what? _____

Duration of treatment: _____ Date of last treatment: _____

Do you use ulcer preventative? Yes No If yes, what product? _____

Date last used? _____

How used? Continuously During stress Other _____

When was horse last dewormed? _____ Product used? _____



Gastroscopy Findings

Temp _____ Pulse _____ Resp _____

Sedation used: _____ Other treatments _____

Exam Findings: _____

Treatment recommendations: _____

Follow up Recommendations: _____
