



**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_