Date: _____

Life Data Labs
Equine Nutrition Consulting Form

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: Mare ☐ Intact Male ☐ Gelding ☐	Age / Date of Birth	*Est.* ☐ WEIGHT *Act.* ☐	Breed & Color

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)

Life Data Labs, Inc. **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.*

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

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Rev. 02/22/21

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

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:

Completed by: _____ **Date:** _____

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