



Lincoln Land Animal Clinic, Ltd.

Animal Behavior Services

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Equine Behavior History

(Note: This information is for practice use only and your private information will not be given out without your permission except as required to communicate with parties such as your referring doctor after the appointments)

Date: _____ Owner: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Fax: _____ e-mail (important): _____

Equine veterinarian: _____ Referred by: _____

Clinic: _____

Address: _____

Business phone: _____ Fax: _____ email: _____

Name of Trainer: _____

Address: _____

Business phone: _____

Farrier: _____ Phone: _____

Behavior problems can sometime be difficult, frustrating problems to correct. The information you provide is very important for diagnosing and treating your horse's behavior problems. Please fill out this form as completely and accurately as possible ("help us help you"). Please answer all questions as completely as possible, even if you feel it may not be relevant! Compose answers to assist the doctor in picturing what is happening (descriptive details). Please be sure to get this and other paperwork (fax to 217-245-0380 or mail to the above address attn Dr Colleen) to Dr Colleen ASAP (at least 24 hrs prior to appointment) and bring the originals with you to consultation. *Videotape problem behaviors if possible if you feel they are important for doctor to see and they are likely not to be seen during the appointment. Bring tape/DVD/video file and a way to play it if not a standard DVD format!*

GENERAL INFORMATION

Horse's name: _____ Breed: _____

Age: _____ years

Sex: _____ M _____ F Gelded or Ovarioectomized? _____ age

Color: _____ Weight: _____

Where did you obtain this horse? _____
 At what age: _____
 For what purpose was this horse obtained? _____
 Is the horse still used for this purpose? _____
 How many previous owners? _____
 Previous owners use of horse (is it different from current use): _____
 Previous stabling arrangement if different than current arrangement: _____

Behavior of parents or related horses(if known): _____
 Briefly describe your horses personality: _____
 Primary caretaker of the horse: _____
 Horse is located at: _____ owners property _____ boarding facility

Date of last physical exam: _____

Results of diagnostic tests (radiographs/bloodwork): _____

Please ask referring veterinarian to forward records: Including bloodwork, any radiographs, medications prescribed, past history

How often are teeth floated? _____ Date of last float: _____
 Name of person who performed float: _____
 How often hooves are trimmed/shod: _____ Date of last trim reset: _____
 Name of blacksmith/farrier: _____
 Phone: _____

List all **major surgical or medical problems** and approximate **dates** (use extra sheet if necessary)

Surgical or medical problem	Date occurred	Date resolved

List all **medications and supplements** currently being taken by this horse:

Medication or supplement	Quantity/amount	Times per day

Husbandry:

Diet: _____ # grain _____ x/day Brand/type: _____
 _____ # hay _____ x/day Type: _____
 _____ other Food/additives/supplements _____
 Pasture: Type: _____ Size: _____ Number of other horses present: _____

Treats (please include brand and when you give them) _____

When is the horse fed? morning noon night other _____ By whom? _____

Where is horse fed? _____

Are there other horses present? _____

How long is grain left down for horse? _____ N/A: horse eats it immediately: _____

How long is hay left down for horse? _____

Water consumption: quantity _____ Source: _____

Type of housing- please describe all that apply:

Tie stall(standing)	Paddock
Box stall- size	Run in shed
Stall with paddock	Pasture

If your horse is kept in a stall how often and for how long is your horse turned out into paddock/pasture? _____

Is your horse turned out _____ alone or _____ group. How many horses in group? _____

List the Names, Ages and Gender of the other horses in the stable

Name	Breed	Age	Age Acquired	Gender S/G/M	Type of contact- Over fence, turn out etc

Please describe how your horse gets along with each person listed above including any problems: _____

Please describe how your horse gets along with the others:(friendly, aggressive, neutral etc)

How does this horse react to strangers/new horses/other animals? _____

Reinforcer assessment:

What is your horses' favorite reward? If you could give your horse ANY food as a reward, what would be the favorite? Please list the top 5:

Other than food, what rewards(e.g. grooming ,turn out) would be most enticing to your horse? List the top 5:

Daily activities and routine:

Time spent stalled: _____ % outdoors: paddock _____ % pasture _____ %

In what area of the stable is the horse kept:

- a. during the day: _____
b. during the night: _____

What type of free(at liberty) exercise? _____
How long? _____ How often? _____

Who exercises the horse? _____
What method?(riding-pleasure/schooling, lounging, driving etc): _____
How long? _____ How often? _____

Briefly describe the daily routine:

Training

Age at weaning? _____ Age at halter breaking? _____ Age broke to lead? _____
Age broke to tack (saddle, harness, etc): _____
Has this horse had any **training**? _____

Name of trainer	Professional Yes/ No	Age of horse when with this trainer	Type of training- Method and discipline (english, western, reining, dressage, jumping etc)	Length of time with trainer	Outcome

Please would you describe the training technique below. Include all equipment used.

Reward based _____

Assertive/domineering _____

Aversive/mostly corrections _____

Other _____

What training was most successful? _____

What training was least successful? _____

Describe your horses learning ability. How do you feel it has changed with each course you have taken: _____

Is there any on going training? Y/N Please describe _____

What type of bit is used? _____

What type of saddle is used? _____

Please list the people, including yourself, currently working around or with the horse

Name	Sex	Age Range	Equine experience years	Type of Interactions with horse	Occupation

List people with most control: _____

List people with least control: _____

Do all of the people above have problems with the horse? _____

Does this horse get along with **other animals**? Y/N If not, please explain: _____

Please rate the following behaviors on a scale of 1 (poor/does not tolerate)-5 (excellent/accepts well) to indicate how your horse responds:

Hoof picking	Saddling
Hoof trimming	Bathing
Shoeing	Patting head
Putting halter on	Clippers
Grabbing halter	Rubbing belly
Brushing	Giving liquid medications
Bridling	Giving pills
Cleaning sheath/udder	Loading in trailer

Punishment

Have you ever used any of the following punishment or training?

Physical punishment: Y/N horses reaction: _____

Noise punishment (shaker can/siren) Y/N horses reaction: _____

Ultrasonic Y/N horses reaction: _____

Water sprayer Y/N horses reaction: _____

Verbal reprimands Y/N horses reaction: _____

Shocking devices Y/N horses reaction: _____

Other: _____ horses reaction: _____

Which punishments were most effective? Describe why you think this: _____

Does any punishment make problem worse? Y/N describe: _____

Has punishment ever lead to threatening behavior or aggression? Please explain: _____

Does your horse respond differently to punishment from different handlers? Please describe: _____

Trailerling:

Do you own a trailer? _____

What kind of trailer do you use? _____

Does your horse load easily? _____

How often do you trailer your horse? _____

BEHAVIOR PROBLEM INFORMATION

Please describe your horse's behavior problem(s) (prioritize if multiple):

What month/year was the main problem first noted? _____

What was the age of the horse when the problem first started? _____

Where and under what circumstances was each problem first noted?

Describe the situation(s) in which the main problem is most likely to occur?

Can the behavior be interrupted? _____

How long does each incident last? _____

How long between each incident ? _____

The main problem occurs (check off answer): (check below or %)

	Always	Usually	Rarely	Never
When the horse is left alone				
In the presence of other horses/animals				
In presence of owner				
Absence of owner (other people present)				
In stable				
In pasture				
Under saddle/during work				
Prior to feeding				
During feeding				
After feeding				

Other

Frequency of occurrence: _____times per day, _____times per week,
_____times per month, _____times per year.

Has there been a change in the frequency, appearance or pattern of the problem?

Please describe:

Has there been a change in intensity or duration? Please describe: _____

What has been done so far to **correct** this problem?(e.g.: discipline, confinement, training, avoidance, etc.)

What was the horse's **response** to the specific intervention(s) above? _____

Were there any **significant changes** in this horse's environment prior to the appearance of this problem (circle if seen and comment as needed)?

- a. moved to different stall/paddock/barn
- b. new trainer
- c. visitors (human or horse)
- d. change in equipment
- e. change in schedule
- f. diet change
- g. other (new horse introduced, etc.)

Other: _____

Please indicate any **other behavior problems** (circle and comment as needed):

	Barn /stall problems	Pasture/ paddock	Under tack	Other
Bites				
Circling				
Cribbing				
Flank chewing				
Head bobbing/tossing				
Kicks at people				
Threatens/lounges at passerbys (people/animals)				
Pacing				
Pawing				
Refusing to tie				
Stall kicking				
Striking				
Rears				
Bucks				
Runs away				
Grinds teeth				
Tail wringing				
Will only lead or follow other horses				
Slow to leave quick to return				
Backs up/away				
Moves while mounting				
Refuses to turn R/ L				
Refuses to back				
Refuses to lead				
Difficulty in a particular gate or lead				

Chases other animals				
Head shy				
Shys - how often & at what				
Fearful of				
Resists leading/attaching lead rope				
Resists grooming				
Resists haltering				
Resists tacking				
Sexual behavior: excessive, inadequate, abnormal				
Maternal behavior: excessive, inadequate, abnormal				
Manure eating				

Comments?: _____

If horse is aggressive please describe all **situations** which are **likely to elicit aggressive behavior** such as striking, biting, kicking, attacking, etc. (e.g. horse is approached by anyone, approached by specific gender, only when in the barn/trailer/pasture, punishing, taking food or stablemates away, grooming, handling feet/ears, during shoeing or veterinary exams, etc.):

Also: Please discuss in detail any **other information** which you feel is relevant to your horse's problem:

Has your horse aggressed at a person or other animal?: _____

If so how many times? _____

How many of the aggressions have resulted in need for medical attention (how severe?)

If your horse has an aggression problem, **describe the last two or three aggressive incidents (and/or most significant incidents) in detail** (and indicate approximate dates) below and on the back of this page. If your horse is not aggressive you can describe incidents you feel are important for the doctor to be aware of. (If you write on the back **remember to send the back also if you have written on it and you FAX paperwork to us!**).

What is the potential for injury? a) none/preventable b) minimal c) moderate d) severe
Is the problem severe enough that you will be unable to keep your horse if it does not improve? Y/N

Principal complaint:

How would you rate the severity of the problem? Mild/ moderate/ severe

Have you considered euthanasia? Y/N

What are acceptable outcomes following behavior treatment if the horse cannot be “cured”?

Thank you for taking the time to fill out this questionnaire. You may type in your answers and email it back to this address. Depending on some of the answers you may have a follow up questionnaire. Please remember to be as detailed as possible. Seemingly insignificant information can really be important in evaluating your horse.