



NUTRITION CONSULTATION HORSE INFORMATION FORM

Please complete this form in as much detail as possible and continue on the back of the page or on an extra sheet if necessary. The more information you offer, the more accurate the service will be. Where an option exists, please circle your choice. Where the symbol ⓘ appears, information sheets can be provided to help you. Please contact Clare with your request (Contact details can be found at the end of the form).

FORM COMPLETION DATE / /

SERVICE REQUESTED:

CLIENT INFORMATION

Name

Address

Postcode

Email address

Contact telephone number(s)

Best time of day to contact

HORSE DETAILS

Name

Breed/type

Age (months/years)

Height

Gender

REPRODUCTIVE STATUS (if relevant)

Please mark appropriate option:

- Pregnant: please state stage of pregnancy
- Lactating: please state age of foal at foot
- Stallion: non-breeding
- Stallion: please state current average number of coverings per week
- Other: please state

TEMPERAMENT

Please describe your horse's temperament:

BODY WEIGHT

Body weight: kg/pounds

How was bodyweight calculated?

- visual estimation
- weigh tape
- measurement calculation ⓘ
- weigh bridge
- other (please specify)



BODY CONDITION

Current body condition ⓘ

Is your horse currently

- gaining weight
- maintaining weight
- losing weight

Please state any problems you have regarding your horse's body condition:

DENTAL

Date of last dental treatment: / /

Please state any relevant information regarding dental health:

WORMING

Date of last worming dose: / /

Name of worming drug used:

Please state any relevant information regarding worming history:

EXERCISE/WORK

Please provide details of frequency, intensity and type of work:

MANAGEMENT/REGIME

Please provide details of your horse's daily routine, including number of hours spent stabled and at pasture:



PASTURE INFORMATION

Please provide details of type of pasture, size of field, number of horses that share the same field, and any other relevant information such as strip grazing details:

CURRENT DIET

Please provide the following details of your horse's daily diet

Please take the time to weigh feeds and forage rather than estimating – accurate information will ensure the best service for your horse.

FORAGE

Type of forage provided e.g. hay/haylage:

Amount fed per day ((kg/pounds)):

How is this amount split e.g. times of day:

Method of feeding

- normal hay net
- small holed hay net
- loose on the ground
- other (please specify)

FEEDS

Please provide details of all daily feedstuffs, supplements, succulents and treats:

Brand name	Manufacturer	Weight per day (g/kg/pounds)

Please state the number of meals fed, and the time of day these are offered:



Clare MacLeod

HORSE NUTRITION, HEALTH & FITNESS

BEHAVIOURAL

Please provide details of behavioural problems or issues:

VETERINARY

Please provide details of veterinary problems or issues:

YOUR AIMS

Please outline what you would like to achieve from you and your horse's Consultation:

Please return this form with your payment to:

Ms Clare MacLeod MSc RNutr
Independent Equine Nutritionist

29 Plantation Way
Torquay, Devon
TQ2 7SR

Please make **cheques** payable to 'Clare MacLeod'. Pay **direct to bank** to Miss C A MacLeod; First Direct Acct 80046205; Sort code 40-47-71 with your surname and horse name as reference. Or pay by **Paypal** to the email address below:

If you have any questions please contact Clare: *email* clare@equinenutritionist.co.uk
telephone 07733 324390