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EQUINE DERMATOLOGY QUESTIONNAIRE & CONSULTATION SUMMARY

Before your horse's next visit, it would be extremely helpful if you could spend a few minutes answering the questions below.

Owner's name: ..... Date of visit: .....

Email address: ..... Date of birth / age: .....

Horse's name: ..... Sex: Mare ☐ Gelding ☐ Stallion ☐

Breed:..... Colour: .....

GENERAL QUESTIONS

1 How old was your horse when you got them?
☐ Had since birth ☐ 6 months - 3 years ☐ 4 - 6 years ☐ Older than 6 years

2 Has your horse been abroad, or did they come from abroad? If yes, when and where:
☐ Yes ☐ No

3 What activities does your horse do? (please tick all that apply)
☐ Show jumping ☐ Driving ☐ Companion
☐ Dressage ☐ Endurance ☐ Racing
☐ Eventing ☐ Pony / riding club ☐ Leisure / hacking
☐ Other - please list below:

4 Where do they exercise? (please tick all that apply)
☐ Indoor arena ☐ Forest / woods ☐ Road
☐ Outdoor arena ☐ Horse walker ☐ Bridleway
☐ Fields ☐ Beach ☐ Other - please list below:

5 Where does your horse spend it's time? (please tick all that apply)
☐ Stabled year-round ☐ Stabled winter only
☐ Partial summer turnout ☐ Partial winter turnout
☐ 24 / 7 summer turnout ☐ 24 / 7 winter turnout

6 What kind of bedding does your horse have?
☐ Straw ☐ Hemp ☐ Wood chip
☐ Shavings ☐ Paper ☐ Other - please list below:

7 Does your horse share a stable block with other horses? If yes, is it indoor or outdoor and what type of bedding do they have? Bedding:
☐ Yes ☐ No
☐ External / outdoor stables ☐ Indoor barn
☐ Straw ☐ Shavings
☐ Matting ☐ Various

8 If turned out, where is your horse turned out? (please tick all that apply)
☐ Indoor arena ☐ Paddock
☐ Outdoor arena ☐ Other - please list below:

9 Which of the following rugs does your horse routinely use?
☐ Summer sheet ☐ Rain sheet ☐ Sweat rug
☐ Stable rug ☐ Fly sheet ☐ Turnout rug

10 Roughly how often do you wash your horse's rugs?
☐ Monthly ☐ Twice a year
☐ Yearly ☐ Less than yearly

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11 Have there been any recent changes such as moving yard, diet change / new supplement or use of any new topical products? ☐ Yes ☐ No
If yes, please describe:

12 Does your horse have any known allergies to medications? ☐ Yes ☐ No

13 Is your horse up to date with vaccinations? (flu & tetanus) ☐ Yes ☐ No

14 Is your horse up to date with worming? ☐ Yes ☐ No

15 Please list any medications / ointments / fly sprays etc. (skin related or other) that your horse currently uses:

16 Please list everything which you feed your horse with below:

Forage	
Hard feed/s	
Treats	
Supplements	
Other	

17 Are you able to:

Bath and shampoo your horse?	☐ Yes	☐ No
Apply lotions, creams or sprays to your horse's skin?	☐ Yes	☐ No
Give oral medication / supplementation?	☐ Yes	☐ No
Turn your horse out at grass or in another outdoor space?	☐ Yes	☐ No
Stable your horse indoors?	☐ Yes	☐ No

DERMATOLOGY QUESTIONS – HISTORY

18 Please list the main skin issue/s for your horse:

19 How old was your horse when the problem(s) first started?
☐ Under 2 years ☐ 2 - 4 years
☐ 5 - 6 years ☐ Over 7 years
☐ Don't know

20 When are the symptoms worse? (please tick all that apply)
☐ Spring ☐ Summer
☐ Autumn ☐ Winter
☐ Same all year ☐ Varies but no pattern

21 Compared to when it first started, is the problem:
☐ Better ☐ Worse
☐ Much the same

22 Have there been any other skin issues in the past? ☐ Yes ☐ No
If yes, please describe:

23 Do any known relatives of your horse have skin issues?
☐ Yes ☐ No
☐ Unknown

24 Do you, or any other people / horses at the yard have skin problems? ☐ Yes ☐ No

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25 Has any skin medication been used so far (including shampoos and ointments)? ☐ Yes ☐ No
If yes, please list below with date of use:

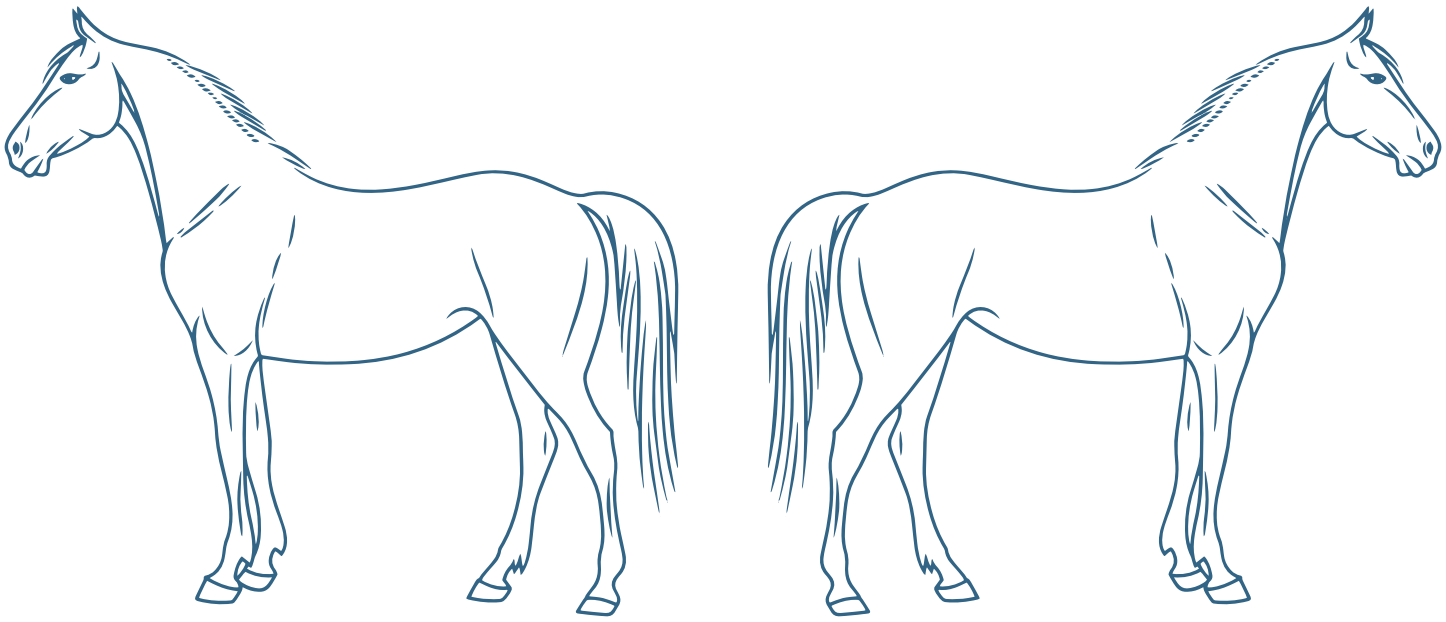
26 Have any of the above medications helped or aggravated (even temporarily) the problem? ☐ Yes ☐ No
If yes, please describe:

SECTION 2 – TO BE COMPLETED BY VETERINARY SURGEON

Which of the following clinical signs are observed? (Please tick all that apply):

☐ Urticaria	☐ Alopecia	☐ Nodules	☐ Annular lesions
☐ Pruritus	☐ Seborrhoea	☐ Papules	☐ Moist dermatitis
☐ Erythema	☐ Hyperaesthesia	☐ Angioedema	☐ Excess scale
☐ Excess sweating	☐ Pigmentation changes	☐ Visible ectoparasites	☐ Paint-brush lesions

Where on the body do you see the problem? (Please mark or colour areas on diagram):



LEFT PROFILE RIGHT PROFILE

Additional dermatological findings / descriptions:

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Vital signs:

Temperature: Pulse: Respiration:

General physical examination:

Samples taken today:

- ☐ Hair pluck
- ☐ Swab
- ☐ Skin scrape
- ☐ Tape strip
- ☐ Coat brushings
- ☐ KOH prep (ringworm)
- ☐ Dermatophilus prep
- ☐ Onchocerca prep
- ☐ Tissue biopsy
- ☐ Blood sample taken for:

ADDITIONAL NOTES