

MPEH Gastroscopy Horse History and Exam Findings Form



MOUNTAIN POINT
EQUINE HOSPITAL

Date: _____ Dr. Performing Exam: _____

Horse Name: _____ Owner Name: _____

Age: _____ Breed: _____ Sex: Mare Gelding Stallion

City and State Where Horse is Primarily Stabled: _____

Which discipline(s) is this horse used for? _____

In active training: Yes No if Yes Training Workload: Light Moderate Heavy

How often is the horse ridden? _____ times per week. Routine Workload: Light Moderate Heavy

Housing (check all that apply): Stall Paddock Pasture alone Pasture w/ others Dry lot alone Dry lot w/ others

Hours/day in stall _____ Hours/day turnout _____ Type of Turnout: Pasture Dry lot Hay during turnout: Yes No

Diet: Grain/concentrate feedings per day: 1X 2X 3X 4 or more Amount per feeding (pounds) _____

Grain/concentrate type or brand: _____

Type of hay/roughage (check all that apply): Alfalfa Grass (type) _____ Mixed Oat Other _____

Form of hay/roughage (check all that apply): Flake 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	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
Competition – multi-day	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
Trailered – less than 4 hours	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
Trailered – more than 4 hours	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
Increase in workload/training	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
New trainer or new location	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
Change in herd dynamics	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
Change in feed	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
Other (illness/layup/injury/etc.)	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-8 weeks	<input type="checkbox"/> Greater than 8 weeks	<input type="checkbox"/> Never
	<input type="checkbox"/> Colic	<input type="checkbox"/> Eye Disease	<input type="checkbox"/> Respiratory Disease	<input type="checkbox"/> Lameness	<input type="checkbox"/> Other _____

Do you suspect this horse has Ulcers? Yes No

If yes, why? (check all that apply)

- Decreased performance Unwilling to work Bad attitude/crabby Cincy/girthy
- Off feed Picky eater Not gaining weight Other _____
- Poor coat quality Weight loss Colic - Mild Severe # Times _____ Date of last colic: _____

Ulcer History:

Previously diagnosed with ulcers? Yes No If yes, when? _____

How diagnosed? Gastroscopy Presumptive diagnosis Other _____

Were these ulcers treated? Yes No If yes, what product was used? GASTROGARD® (omeprazole)

Duration of treatment? _____ Date last treated _____ Other _____

Do you use ulcer prevention? Yes No If yes, what product is used? ULCERGARD® (omeprazole)

Date last used _____ How used? Continuously During stress Other _____

When was this horse last dewormed? _____ Product used: _____