



ANIMAL DERMATOLOGY CLINIC

Horses Name:

1. What is the main skin problem with your horse?
2. At what age was this condition first noticed?
3. Have there ever been any previous skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No

Symptoms

4. Have any of the following been observed:					
<input type="checkbox"/> sores	<input type="checkbox"/> scabs	<input type="checkbox"/> dandruff	<input type="checkbox"/> hair loss	<input type="checkbox"/> odour	<input type="checkbox"/> hives
<input type="checkbox"/> heat	<input type="checkbox"/> redness	<input type="checkbox"/> diarrhoea	<input type="checkbox"/> tiredness	<input type="checkbox"/> weight loss	<input type="checkbox"/> weight gain
<input type="checkbox"/> depression	<input type="checkbox"/> ear infections	<input type="checkbox"/> increased appetite	<input type="checkbox"/> increased thirst		

8. Does your horse

<input type="checkbox"/> rub at the face	<input type="checkbox"/> head shake	<input type="checkbox"/> scratch/rub at ears	<input type="checkbox"/> bite the limbs
<input type="checkbox"/> scratch at the flanks	<input type="checkbox"/> bite the stomach area	<input type="checkbox"/> roll on the back	<input type="checkbox"/> bite at the tail area/anus
<input type="checkbox"/> rub against tree/post	<input type="checkbox"/> eye discharge	<input type="checkbox"/> sneeze	<input type="checkbox"/> wheeze or cough
Other:			

9. Do the symptoms vary?

If the dermatitis has been present for some time, are the symptoms worse in:			
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter
Are there symptoms present all year round?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, would there be a time of no symptoms at some stage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What (if anything), causes a worsening of symptoms?			
What helps?			

10. Environment Details

Are there other in contact animals?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, how many?	horses	dogs	cats	rodents	birds	other
Do you know of any relatives of this horse that have skin problems?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does any in contact human have skin problems?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please estimate how much time your horse spends in the		stable	_____ %	paddock	_____ %	
Do you swim your horse?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, how often?		
And where?		<input type="checkbox"/> river	<input type="checkbox"/> dam	<input type="checkbox"/> beach	<input type="checkbox"/> other _____	
What type of stable bedding?						
What type of paddock?		<input type="checkbox"/> sand	<input type="checkbox"/> bush	<input type="checkbox"/> pasture		



If pasture what type?	
Where do you exercise your horse and how often?	
Is your horse rugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes what type?
How often are rugs cleaned?	Do you <input type="checkbox"/> wash or <input type="checkbox"/> dry clean the rugs

11. Bathing

Does bathing...	<input type="checkbox"/> help	<input type="checkbox"/> worsen	<input type="checkbox"/> make no difference
What type of shampoo are you using?			
How often do you wash your horse?	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> rarely <input type="checkbox"/> other

12. Insects

What is the current fly/insect repellent for your horse?				
How frequently do you use this product?				
Is fly/insect repellent used on other in contact animals?				
What insects do you see in your horses' environment?				
<input type="checkbox"/> mosquitos	<input type="checkbox"/> flies	<input type="checkbox"/> ants	<input type="checkbox"/> cockroaches	<input type="checkbox"/> moths

13. Medication

Do you know what previous medications have been used?			
<input type="checkbox"/> rinses	<input type="checkbox"/> injections	<input type="checkbox"/> paste/granules	<input type="checkbox"/> ointments, lotions etc
What were the names and the dose of any medications? (Please list)			
Last rinse used (date):	Last date injection given (date):		
Last ointment (date):	Last ear drop (date):		

14. Diet

What do you normally feed your horse?	<input type="checkbox"/> hay	<input type="checkbox"/> hard/grain feed	<input type="checkbox"/> grazing only
If hay – which types?	<input type="checkbox"/> meadow	<input type="checkbox"/> oaten	<input type="checkbox"/> lucerne <input type="checkbox"/> other
If grain – which types?			
If grazing – which types of pasture?			
Any supplements? (e.g. vitamins, minerals, fatty acids, glucosamine etc)			
What do you give for snacks and treats?			



Have you ever fed a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what diet?
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15. General Health

Have there been any episodes of:			
<input type="checkbox"/> colic	<input type="checkbox"/> scouring/diarrhoea	<input type="checkbox"/> mucous stools	<input type="checkbox"/> lethargy
<input type="checkbox"/> increased water intake	<input type="checkbox"/> increased appetite	<input type="checkbox"/> weight gain	<input type="checkbox"/> weight loss
<input type="checkbox"/> weakness	<input type="checkbox"/> inappetence		
Does your horse have any other illness; if so please specify and what medications are being prescribed			

16. What do you think could be the cause of the skin problem?
