We thank you very much for making an appointment for a behavioural consultation for your horse.

In order to best prepare for this consultation, we ask you to fill it in and return it to us by e-mail.

In case of cancellation, we ask you to inform us of your cancellation at least 24 hours before the scheduled date. After this time, we will unfortunately have to ask you to pay for the consultation.

We thank you very much for your understanding,

Dr Anouck Haverbeke

www.vetethology.be

info@vetethology.be

Name of your horse and date

Please insert a picture of your horse.

Information of the owners :

|  |  |
| --- | --- |
| Name  |  |
| Address  |  |
| Phone  |  |
| Job  |  |
| Email  |  |
| Referring veterinarian (name, phone and email) |  |
| How did you hear about us?  |  |
| Do you agree to receive our monthly newsletters that discuss the latest articles on animal behaviour, natural animal care and what’s new at Vet Ethology? |  |

Name of the patient :

|  |  |
| --- | --- |
| Name  |  |
| Breed  |  |
| Birth date |  |
| Sex |  |
| Origin of the foal  |  |
| How has the foal gone through his first life period up to 3 months?  |  |
| Has the horse had previous owners (including the breeder)?If yes how much ? |  |
| Weaning  | At what age has the foal been weaned?  |  |
| How has the foal been weaned?  |  |
| How was the horse before you became the owner? |  |
| What was the type of training your horse received before your became the owner? |  |
| How old was the horse when you became the owner? |  |
| Where did you buy the horse? |  |
| What is the country of origin of the horse? |  |
| Why and for what type of training did you buy this horse? |  |
| Is the horse currently still doing the same type of training? If no, why not? |  |
| From what age was he accustomed to the bridle? |  |
| How has the horse been saddled for the 1st time?  |  |
| At what age did the actual training begin? |  |

Behavioural history (This information is critical in diagnosing the problem: please be as complete as possible!)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Problem (in detail)  | At what age did the problem start?Describe the historical evolution. | Has the frequency or intensity of the unwanted behaviour changed since the beginning of the problem? If so, how and when? | Detailed description of the most recent incident of this problem. | What has been done so far to solve this behavioural problem? How did the horse react? | How serious is the problem? |
| Primary problem  |  |  | Date :  |  |  | * Very serious
* Quite serious
* Serious
* Not serious
 |
| Location |  |
| Body posture of the horse |  |
| Presence of other persons |  |
| Presence of other objects |  |
| Your reactions |  |
| Final result  |  |
| Additional problem  |  |  | Date :  |  |  | * Very serious
* Quite serious
* Serious
* Not serious
 |
| Location |  |
| Body posture of the horse |  |
| Presence of other persons |  |
| Presence of other objects |  |
| Your reactions |  |
| Final result  |  |
| Additional problem |  |  | Date :  |  |  | * Very serious
* Quite serious
* Serious
* Not serious
 |
| Location |  |
| Body posture of the horse |  |
| Presence of other persons |  |
| Presence of other objects |  |
| Your reactions |  |
| Final result  |  |
| Additional problem |  |  | Date :  |  |  | * Very serious
* Quite serious
* Serious
* Not serious
 |
| Location |  |
| Body posture of the horse |  |
| Presence of other persons |  |
| Presence of other objects |  |
| Your reactions |  |
| Final result  |  |

Can you describe your objectives for this consultation (please be specific)?

Please go through the list of behaviours and note "yes" if your horse reacts, "no" if he does not respond or "none" if the situation does not apply. If your horse reacts to a certain situation, please describe what he is doing (e.g., ears backwards, kicking, biting, pitching…).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Behaviour  | Yes  | No | None  | Details of the reactions |
| Reaction of fear when on saddle  |  |  |  |  |
| Reaction of fear when approaching the head (head shyness) |  |  |  |  |
| Reaction of fear when being groomed by the owner |  |  |  |  |
| Reaction of fear towards the veterinarian  |  |  |  |  |
| Biting and bite threats towards persons when on saddle |  |  |  |  |
| Biting and bite threats towards persons in the stable |  |  |  |  |
| Biting and bite threats towards persons when being manipulated |  |  |  |  |
| Biting and bite threats towards horses  |  |  |  |  |
| Biting and bite threats towards other animals |  |  |  |  |
| Running away when on saddle |  |  |  |  |
| Difficult to bridle or to saddle-up |  |  |  |  |
| Refusal to stand while being mounted  |  |  |  |  |
| The horse will only go out when he is in the presence of other horses |  |  |  |  |
| Kicking and kick-threats  |  |  |  |  |
| Pulling  |  |  |  |  |
| Pushing |  |  |  |  |
| Rearing |  |  |  |  |
| Refusing to back  |  |  |  |  |
| Refusal to leave company  |  |  |  |  |
| Refusal to load in the trailer |  |  |  |  |
| Any kind of repetitive behaviour (crib biting, weaving, chewing, wind sucking, head shaking, oral repetitive behaviour…) |  |  |  |  |

Environment

Please note everyone, including yourself, living in the same house. Please note the age of the children.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  | Age | Sex | Relation (eg. Husband, wife, partner, child…) | Quality of the relationship with the horse |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please note everything that is applicable for your horse, as well as details where necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Environment | Yes  | No | Details  |
| Environment in the stable | Hours/day in the stable |  |  |  |
| Size of the stable |  |  |  |
| Flooring  |  |  |  |
| Proximity of other horses |  |  |  |
| Physical contact with other horses  |  |  |  |
| Windows  |  |  |  |
| Environment in the field  | Hours/day in the field |  |  |  |
| Size of the field |  |  |  |
| Hay  |  |  |  |
| Type of hay  |  |  |  |
| Type of fence |  |  |  |
| Shelter  |  |  |  |
| Other horses? |  |  |  |

|  |  |
| --- | --- |
| What other animals (all species) are present when the horse is in the stable? |  |
| How many horses are kept in the same place as your horse? |  |
| Does your horse have direct contact with other horses? If so, how many horses and how often? |  |
| What is your horse's relationship with other horses in its environment? |  |
| Are there other horses in your environment that perform the same behaviour? |  |

Diet and feeding habits

|  |  |
| --- | --- |
| What kind of concentrates do you give to your horse? |  |
|  | How much of it does he receive per meal? |  |
| At what place?  |  |
| What kind of hay do you give to your horse? |  |
|  | Quantity of hay/day |  |
|  | At what place?  |  |
| Do you give some supplements? if so, write down the list of supplements. |  |
| Who feeds the horse? |  |
| If different animals eat at the same time, describe the situation (eg same field, separate stables ...) |  |

Physical exercises

|  |  |
| --- | --- |
| How many hours per week is your horse trained? Can you describe the training sessions you are doing together? |  |
| Are you lounging your horse? If yes, how much time per week?  |  |
| What type of training or you doing with your horse?  |  |
| What are the rewards you use? How does your horse react to it? |  |
| What are the punishments you use? How does your horse react to it? |  |
| What type of bridle do you use? |  |
| What type of bit do you use? |  |
| What kind of saddle do you use? |  |

Please provide further details regarding the problem of your horse that may be relevant.

Conclusions

|  |  |
| --- | --- |
| What is the severity of the main problem? |  |
| Are there other problems that are not part of the main problem? |  |
| On a scale of 1 to 10, what is your motivation for solving this problem (1: zero motivation, 10: absolute motivation). |  |
| Have you thought about finding another home for your horse? |  |