Gastroscope Questionnaire

Relevant History Questions

Please answer the following questions prior to your upcoming appointment and return to the office.

1. Common Symptoms (check all that apply):

    ☐ Poor or Reduced Appetite/Hunger – ex. horse will start eating their grain and then become disinterested before finishing.

    ☐ Weight Loss – either acute/sudden or chronic/longterm

    ☐ Attitude Changes – ex. grumpiness, dullness, anxiety (weaving, pacing, pawing, cribbing), or other vices. *Please list in more detail:*

    _____

    _____

    _____

    _____

    ☐ Colic – may be singular events OR repeated episodes in a short period of time.

    ☐ Girthiness (sensitivity when being girthed/cinched up, while brushing, or when riding).

    ☐ Poor haircoat and/or Poor body condition

    ☐ Reluctance to train

    ☐ Decreased performance

2. Has your horse ever had a gastroscope performed previously?   Yes   or   No
    If 'Yes', what were the findings? Please elaborate in more detail:

    _____

    _____

    _____

    _____

3. Does your horse routinely receive NSAIDs (ex. Equioxx, Bute, Banamine)?   Yes   or   No
   If 'Yes', at what dosage and frequency?

   _____

   _____

4. Does your horse receive any other PRESCRIPTION medications?   Yes   or   No
   (note this does not include supplements)
   If 'Yes', at what dosage and frequency?

   _____

   _____

5. What is your horse's current diet? Please list brand/product names (if applicable), amount by weight or by volume/container, and frequency (ex. 1 coffee can scoop twice per day, 2 flakes twice per day, etc.)
   Grain, Pelleted Feeds, Ration Balancers, etc.:

   _____

   _____

   Hay or Forage Products (ex. cubes, pellets):

   _____

   _____

   Supplements:

   _____

   _____

6. What is your horse's current living arrangement (stall time vs turnout time)?

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   _____

   _____

   _____

7. What is your horse's riding or exercise routine? Type/intensity of work, average length of time per ride or session, average number of times per week, etc.

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_____

8. Do you show routinely?   Yes   or   No

9. How frequently do you travel with your horse? Please elaborate in more detail:

_____

_____

10. Are there any other concerns or symptoms that made you decide to have your horse scoped for ulcers? Is there any other additional information that you wish to provide that isn't covered in the above questions?

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