



Anoka Equine Veterinary Services

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Owner Consent and Request for Gastroscopy

Owner:	
Name:	
Phone:	Email:
Address:	

Horse Information:		
Barn Name:		
Registered Name:		
Age/Birthdate:	Sex:	Color:
Which discipline(s) is this horse used for?		
In Active Training? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, training workload: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		
How often is the horse ridden? _____ times per week.		Average length of work: _____ minutes per work.

Housing and Diet (Check all that Apply):	
<input type="checkbox"/> Stall <input type="checkbox"/> Turnout <input type="checkbox"/> Turnout Alone <input type="checkbox"/> Turnout with others	
Hours per day in stall: _____ Hours per day in turnout: _____	
Type of Turnout: <input type="checkbox"/> Pasture <input type="checkbox"/> Dry lot	Hay during turnout: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grain/Concentrate feedings per day: <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4 or more	Amount per feeding (pounds): _____
Grain/Concentrate type or brand:	
Type of hay/roughage (check all that apply): <input type="checkbox"/> Alfalfa <input type="checkbox"/> Grass (type) _____ <input type="checkbox"/> Mixed <input type="checkbox"/> Oat <input type="checkbox"/> Other: _____	
Form of hay/roughage (check all that apply): <input type="checkbox"/> Flake <input type="checkbox"/> Cubes <input type="checkbox"/> Pellets <input type="checkbox"/> Other: _____	
Supplements and frequency (current):	
Medications and frequency (in last 4 weeks):	

Recent History: (Select time period in which any of these events have happened in this horse's past 6 months)	
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
Trailerred – 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
Trailerred – 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 trailer 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: _____

Recent History, cont.
Do you suspect this horse has ulcers? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why? (check all that apply)
<input type="checkbox"/> Decreased Performance <input type="checkbox"/> Unwilling to work <input type="checkbox"/> Bad attitude/crabby <input type="checkbox"/> Cincy/girthy
<input type="checkbox"/> Off feed <input type="checkbox"/> Picky eater <input type="checkbox"/> Not gaining weight <input type="checkbox"/> Poor coat quality
<input type="checkbox"/> Weight loss <input type="checkbox"/> Other: _____
<input type="checkbox"/> Colic: <input type="checkbox"/> Mild <input type="checkbox"/> Severe # of times: _____ Date of last colic: _____

Ulcer History:
Previously diagnosed with ulcers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
How diagnosed? <input type="checkbox"/> Gastroscopy <input type="checkbox"/> Presumptive diagnosis <input type="checkbox"/> Other: _____
Were these ulcers treated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what product was used? <input type="checkbox"/> Gastroguard <input type="checkbox"/> Other: _____
Duration of treatment: _____ Date last treated: _____
Do you use ulcer prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what product is used? <input type="checkbox"/> Ulcerguard <input type="checkbox"/> Other: _____
Date last used: _____ How used? <input type="checkbox"/> Continuously <input type="checkbox"/> During stress <input type="checkbox"/> Other: _____
When was this horse last dewormed? _____ Product used: _____

Consent and Release:
I hereby consent to the endoscopic examination of my horse. By signing below, I represent that I have the right to consent to the endoscopic examination. I hereby agree to indemnify and forever release the Veterinarian, and Anoka Equine Veterinary Services, as well as any authorized agents, staff, or representatives against any claims arising from services performed and to hold harmless Anoka Equine Veterinary Services from any and all liability rising out of this request and performance of endoscopic exam of said animal.
I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. Fees for these services have been explained to me. All unpaid balances over 30 days will accrue a finance charge of 18% annum on the unpaid balance. Default accounts agree to pay all cost of collection to include collection agency fees, court costs, and reasonable attorney fees.
Signature: _____ Date: _____