



Owner Laminitis Reporting Form

Please complete the form in the event that your horse has an episode of laminitis at any time throughout the study period. If the episode is diagnosed by a vet/farrier/trimmer please complete with their consultation where possible. Thank you.

1. Name of horse/pony:

2. Date when clinical signs were first noted: / /

3. Who was this episode of laminitis confirmed by? *Please indicate all that apply.*

- My own vet, please specify date: / /
- Other vet/vet practice (e.g. emergency or referral vet), please specify name:
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- My farrier
- My barefoot trimmer
- Me
- Other, (please specify)

4. Have you had direct experience with laminitis before? *Please indicate all that apply.*

- Yes, this horse/pony has had laminitis before
- Yes, with another horse/pony I currently own or owned
- Yes, other (please specify)
- No

*Please indicate the **presence or absence** of these **clinical signs/characteristics** for this episode of laminitis.*

5. Lameness <i>(please tick one option per line)</i>	YES	NO	NOT ASSESSED
Recumbent (lying down)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal to move unless forced*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reluctance to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lame at walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lame at trot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short, stiff gait at walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short, stiff gait at trot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



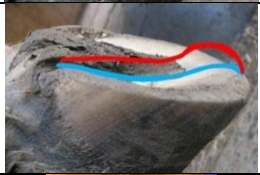



*** If your horse or pony is showing these clinical signs please contact your vet if you have not already**

6. Stance <i>(please tick one option per line)</i>	YES	NO	NOT ASSESSED
Shifting weight from leg to leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg trembling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front feet placed in front of body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hind feet placed underneath body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reluctance for foot to be lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Feet affected <i>(please tick all feet that apply)</i>	YES	NO	Please indicate which of these were most severely affected
Right foreleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left foreleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right hindleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left hindleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Feet affected <i>(please tick all feet that apply)</i>	YES	NO	Please indicate which of these were most severely affected
Right foreleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left foreleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right hindleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left hindleg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Characteristics (clinical signs) of the most severely affected foot/feet <i>(please tick one option per line)</i>	YES	NO	NOT ASSESSED
Strong/bounding pulse at the back of fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoof or coronet band unusually warm to the touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painful sole, especially in front of frog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General pain at the front of the hoof wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painful swelling at the coronary band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painful depression at the coronary band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible growth rings on the hoof wall (narrow at the toe and wider at the heel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in the angle of the hoof wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Characteristics (clinical signs) of the most severely affected foot/feet <i>(please tick one option per line)</i>	YES	NO	NOT ASSESSED	
Visible separation of the hoof wall at the coronary band* *Image courtesy of Dr L. Wells-Smith		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in sole shape - becoming flat (red line) as opposed to concave/dished (blue line)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in sole shape - becoming convex/bulging outwards (red line) as opposed to concave/dished (blue line) *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White line abnormally stretched and wide		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible bruising in front of frog e.g. half-moon/crescent bruise*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protrusion of the pedal bone through the bottom of the hoof (prolapsed sole)* *Image courtesy of Dr S. N. Collins		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** If your horse or pony is showing these clinical signs please contact your vet if you have not already**

10. What techniques were used to confirm the most recent episode of laminitis in your horse?

Please indicate all that apply.

- Clinical signs
- X-ray of hooves
- Other *(please specify)*

11. Have any of these additional factors helped confirm laminitis in your horse?

Please indicate one option per line.

	YES	NO	DON'T KNOW
Breed type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body condition score (overweight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body condition score (underweight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous history of laminitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of grazing or pasture available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental carbohydrate/concentrates overload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Season/Weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify any additional factors that helped confirm laminitis in our horse?			

12. Any other comments relevant to this laminitis episode?

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