



Horse Behaviour Evaluation Questionnaire

LoFoSo™ Equine Behaviour - www.LoFoSoEquineBehaviour.com



Name*

E-mail*

Address / city*



Home Phone*



Zip / Country*

Cell Phone

Preferred way of contact:

Home phone

Cell phone

E-mail

Name of Veterinarian

Vet Phone#

Name of Barn Manager

Barn Phone#

Name of Trainer/Coach

Coach Phone#

Name and function of other practitioner



Other Phone#

Name of your horse

Breed

Sex*

Male

Gelding

Female

Age in years

Age in months

Height HH
 cm

Weight lb
 kg

If gelded, at what age?

If a mare, did she ever have a foal and when?

How long have you owned the horse?

For what reason did you obtain the horse?

What is the temperament of your horse on a scale of 1-10? ?

What is the temperament of its dam on a scale of 1-10? ?

Short history of the horse, including previous owners:* ?

How many people regularly handle and/or ride the horse, how often, for what purpose and who are they? (e.g.: stable hand, barn manager, massage therapist, trainer etc.)* ?

- Weaning method if known, check all that apply and that resembles the closest:
- 4 - 6 months
 - stalled alone
 - Orphan
 - same sex group
 - mixed sex group
 - imprinted
 - 6 - 9 months
 - 2 per stall
 - same age group
 - mixed age group
 - mixed age & sex
 - don't know

How long at present facility / home?

How long with present herd or companion(s)?

- Current HOUSING situation:
- stabled
 - grass paddock
 - walk out
 - Other
 - pastured
 - dry lot

If stabled, fill out *CURRENT* TURNOUT conditions on average, check all that apply and that resembles the closest:

- | | |
|--|--|
| <input type="checkbox"/> less than 2 hrs. | <input type="checkbox"/> 2-3 hrs. |
| <input type="checkbox"/> 4-5 hrs. | <input type="checkbox"/> 6 hrs. or more |
| <input type="checkbox"/> alone | <input type="checkbox"/> with 1 other horse |
| <input type="checkbox"/> group turnout | <input type="checkbox"/> same sex |
| <input type="checkbox"/> mixed gender | <input type="checkbox"/> hay at liberty |
| <input type="checkbox"/> hay by ration | <input type="checkbox"/> slow hay feeder |
| <input type="checkbox"/> no hay | <input type="checkbox"/> grass |
| <input type="checkbox"/> some grass | <input type="checkbox"/> dry lot (dirt) |
| <input type="checkbox"/> dry lot (sand) | <input type="checkbox"/> blanket / fly sheet |
| <input type="checkbox"/> fly mask | <input type="checkbox"/> haltered |
| <input type="checkbox"/> with shelter | <input type="checkbox"/> without shelter |
| <input type="checkbox"/> daily turnout | <input type="checkbox"/> 1 - 2 x week turnout |
| <input type="checkbox"/> 3 - 4 x week turnout | <input type="checkbox"/> 5 - 6 x week turnout |
| <input type="checkbox"/> less than 1x week turnout | <input type="checkbox"/> 1 - 3 x month turnout |
| <input type="checkbox"/> less than 1 x month | <input type="checkbox"/> no turnout |

The horse is NOT turned out when:

How often do YOU spend time with your horse on average?

- daily 1-2 x week 3-4 x week 5-6 x week

How many hours do you spend with or around your horse on average per day that you are there?

- 1 - 2 hours
 3 - 4 hours
 more than 4 hours

Exercise / Work, anything other than turnout. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> English |
| <input type="checkbox"/> Western | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Trail rides | <input type="checkbox"/> Lesson horse |
| <input type="checkbox"/> racing / race training | <input type="checkbox"/> standing at stud |
| <input type="checkbox"/> Other: | <input type="text"/> |

Exercise / Work frequency, anything other than turnout. Check all that apply and resemble the closest:

- | | |
|---|--|
| <input type="checkbox"/> daily | <input type="checkbox"/> 1-2 x week |
| <input type="checkbox"/> 3-4 x week | <input type="checkbox"/> 5-6 x week |
| <input type="checkbox"/> low intensity | <input type="checkbox"/> medium intensity |
| <input type="checkbox"/> high intensity | <input type="checkbox"/> 1 hour |
| <input type="checkbox"/> 1 - 2 hours | <input type="checkbox"/> more than 2 hours |
| <input type="checkbox"/> Other: | <input type="text"/> |

HAY feeding schedule, include all hay feeding, EXCEPT hay fed during turnout (if your horse is stabled). Check all that apply and that resemble the closest:

- | | |
|---|----------------------|
| <input type="checkbox"/> round bale / large square with full access | |
| <input type="checkbox"/> slow feeder netting or other | |
| <input type="checkbox"/> 1 x per day, rationed | |
| <input type="checkbox"/> 2 x per day, rationed | |
| <input type="checkbox"/> 3 x per day, rationed | |
| <input type="checkbox"/> 4 or more x per day, rationed | |
| <input type="checkbox"/> at liberty access to hay | |
| <input type="checkbox"/> Other: | <input type="text"/> |

What % of the total diet consists of roughage like grass or hay? 30-40% 40-50% 60-80% 80-100%

Estimated total weight of hay CURRENTLY fed per day? lb. kg.

Feeding schedule for concentrates / ration balancer / other 1 x per day 2 x per day 3 x per day

Weight of concentrates per feeding? lb. kg.

Do you feed treats? what, how much, on what occasion?

- Water, check all that apply:
- | | |
|--|---|
| <input type="checkbox"/> automatic waterer | <input type="checkbox"/> water in buckets or stock tank |
| <input type="checkbox"/> water during turnout | <input type="checkbox"/> no water during turnout |
| <input type="checkbox"/> de-icer when freezing | <input type="checkbox"/> no de-icer when freezing |
| <input type="checkbox"/> fresh and clean daily | <input type="checkbox"/> topping up only |
| <input type="checkbox"/> water available 24/7 | <input type="checkbox"/> water not available 24/7 |
| <input type="checkbox"/> horse has to eat snow | <input type="checkbox"/> have to break the ice first |

Salt provided as: Block 24/7 Block in stall only added to feed

Describe the problem behaviour:*

Describe why it is a problem for you:*

When did the problem behaviour start?*

How often does it occur?*

How long does it last?*

What triggers the behaviour?*

What makes it worse?*

What makes it stop?*

How do you currently deal with it?*

Last veterinarian visit ?*

Lameness or health issues past 12 months?
*

Last time teeth were floated?*

Last farrier visit?*

Other practitioner visit past 12 months?



STEREOTYPIES - Does your horse display any of the following repetitive behaviour *without any obvious cause*? Check all that apply:*

- chewing, lip licking
- licking environment
- wood chewing
- crib biting
- cribbing / wind-sucking
- weaving
- stall walking
- door kicking
- stall kicking
- excessive rubbing
- self mutilation
- head tossing / nodding
- head shaking
- neck extending, ears flat
- tail swishing
- NONE

Does your horse ever seem withdrawn?*

- never
- often
- seldom
- usually
- sometimes
- not sure

Is your horse ever aggressive towards other horses?*

- never
- often
- seldom
- usually
- sometimes
- not sure

Is your horse ever aggressive towards humans?*

- never
- often
- seldom
- usually
- sometimes
- not sure

is your horse ever difficult to catch?*

- never
- often
- seldom
- usually
- sometimes
- not sure

Is your horse herd bound?*

- never
- often
- seldom
- usually
- sometimes
- not sure



Does your horse have a pair bond?*

- yes
- no
- not sure



Submit