



South Shore Equine Clinic & Diagnostic Center
151 Palmer Road
Plympton, MA 02367
Phone: (781) 585-2611 Fax: (781) 585-0611
www.ssequineclinic.com

NUTRITIONAL CONSULTATION

Please complete the following short questionnaire concerning your horse's current diet, including supplements. Providing the most detailed and accurate information possible will allow us to make the best assessment of your horse's current diet as well as provide the best recommendations.

Owner: _____
Horse: _____
Date: _____

Attending Doctor: Mark T. Reilly, DVM, Dipl. ABVP
 Linda J. Cimetti, DVM
 Kelly L. Kalf, DVM, Dipl. ACVIM

Grain

please give amounts as pounds or quarts of feed

Type	Brand	Amount	Frequency		
			Once/day	Twice/day	Three times/day
Pelleted Feed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet Feed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Feed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay Stretcher			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay Cubes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hay

please give approximate number of flakes per day actually eaten by horse

Turnout: Grass paddock Dirt only Grazing hours per day: _____
 Type: Timothy Alfalfa Grass mix
 Amount per day: _____

Additives/Supplements

Supplement: Oil Type: _____ Amount per day: _____
 Other: _____

Analysis/Recommendations

To be completed by veterinarian

Ideal weight: _____ Recommended daily caloric intake: _____
 Current weight: _____ Current daily caloric intake: _____
 +/- lbs.: _____ +/- calories: _____
 Goal: Maintain weight Gain weight Lose weight Build muscle

Comments/Recommendations:
