

Nutrition Consultation Service – Diet Analysis Request



KER specialises in providing equine nutrition advice, developed through research. KER's nutrition advisors take the information which you provide and will analyse your horse's current diet. KER will advise of any deficiencies, and may also recommend some alternative feeding practices if required.

Complete the following form in as much detail as possible and return to:

Mail: 7/35 Dunlop Road, Mulgrave, Vic Australia 3170 **Phone:** 03 8562 7000 **Fax:** 03 8562 7007 **Email:** advice@ker.com **Nutrition Consultation Service:** 1800 772 198

Ensure you complete EVERY section with as much detail as possible. Please include any additional information that you feel is relevant to your horse.

Contact Details

Full Name: _____
 Address: _____
 City: _____ State: _____ Post Code: _____
 Day time contact number: _____
 Email: _____

General Information

How many horses do you own: _____
 What disciplines do you participate in: _____
 Where did you find out about this service/obtain this form: _____
 Have you spoken to anyone from KER previously: _____

Horse's Details

Horse's Name: _____ Age: _____
 Breed: _____ Sex: Mare Stallion Gelding
 Height: _____ Weight (kg): _____
 How was weight determined: Scales Other _____

Does your horse or has your horse ever suffered from any of the following (tick all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Anhydrosis | <input type="checkbox"/> HYPP |
| <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> Laminitis |
| <input type="checkbox"/> Colic | <input type="checkbox"/> Nervous Behaviour |
| <input type="checkbox"/> Crib Biting or Wind Sucking | <input type="checkbox"/> Stringhalt |
| <input type="checkbox"/> Cushings Syndrome | <input type="checkbox"/> Tying-Up (RER or PSSM) |
| <input type="checkbox"/> Dental Issues/Poor Dental Health | <input type="checkbox"/> Weaving or Other Stable Vices |
| <input type="checkbox"/> Developmental Orthopedic Disease | <input type="checkbox"/> Wood Chewing or Licking Dirt |
| <input type="checkbox"/> Equine Metabolic Syndrome | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gastric Ulcers | _____ |
| <input type="checkbox"/> Hindgut Acidosis | _____ |
| <input type="checkbox"/> Hoof Problems: _____ | _____ |
| <input type="checkbox"/> Hyperactive or 'Hot' Behaviour | _____ |

Energy Requirement Details

What best describes your horse's energy requirements (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Growing | <input type="checkbox"/> Maintenance/Spelling/Retired |
| <input type="checkbox"/> Breeding (complete section 1) | <input type="checkbox"/> Performance (complete section 2) |

1.) Breeding Horse

Mare:
 Trimester of Pregnancy: _____
 Stage of Lactation: _____
 Stallion:
 Not currently serving
 Currently serving
 (No. Mares per week): _____

2.) Performance Horse

Discipline & level: _____
 Describe the type of work your horse does during training: _____
 Hours worked/day: _____
 Days worked/week: _____

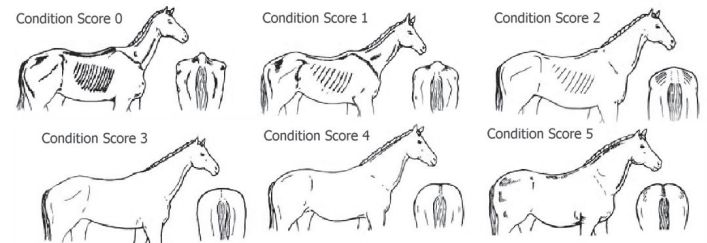
Condition Details

Each Horse's metabolism is different and therefore requires an individual feeding program to gain the best results.

Which of the following statements best describes your horse's metabolism:

- | | |
|---|---|
| <input type="checkbox"/> Will not put on weight | <input type="checkbox"/> Difficult to put weight on |
| <input type="checkbox"/> Maintains a consistent body weight | <input type="checkbox"/> Gains weight easily |
| <input type="checkbox"/> Will not lose weight | |

Circle the Condition Score which best indicates your horse's current body condition:



How is your horse responding to it's current diet in respect to; behaviour, condition and performance: _____

What are you wanting to achieve from this diet analysis: _____

Current Feeding Program

- Weigh each type of feed in grams or kilograms and list separately
- Weigh feeds when dry (not after boiling or soaking)

Does your horse have access to pasture: No Yes Hours per day: _____

Pasture Type: Improved Irrigated Native Tropical Grasses (Kikuyu, Buffel, Seteria)

Which best describes the pasture your horse has access to:

- | | |
|---|--|
| <input type="checkbox"/> Very little grass cover, bare patches and/or weeds | <input type="checkbox"/> Heavily grazed pasture |
| <input type="checkbox"/> Moderately grazed pasture | <input type="checkbox"/> Mature Pasture (long grass, not lush) |
| <input type="checkbox"/> Lightly grazed pasture/fresh growth | <input type="checkbox"/> Lush Green Pasture |
| <input type="checkbox"/> Green Drought | <input type="checkbox"/> Drought Affected |
| | <input type="checkbox"/> Dry |

Pasture/paddock size: _____ Shared Paddock (no.): _____ Individual Paddock

How many times a day do you feed your horse: _____

Complete the following tables on a per day basis:

Roughage	Hay/Chaff Type	Kilograms per day

Grain	Type/Feed Name	Kilograms per day

Supplement Name	Grams or mL per day