

Recurrent Colic Data Collection Form

1. Name of Veterinarian: _____
2. Date of Completion: ___/___/___
3. Name of Horse or Horse Owner: _____
4. Is this horse a recurrent colic or a control horse?
1 = Recurrent Colic Case 2 = Control
5. Is horse boarded at a boarding facility, or kept on farm belonging to horse owner?
1 = Board 2 = Owner's farm
6. Number of Horses at Farm/Stable: _____
7. Farm Acreage: _____
8. Type of Operation:
1 = Breeding 2 = Training 3 = Recreation/Hobby
4 = Ranching 5 = Other: _____
9. Breed:
1 = TB
2 = QH/Paint/Appaloosa
3 = Standardbred
4 = Arabian
5 = European Warmblood
6 = Other:
10. Age (years): _____
11. How many **years** has the owner owned this horse: _____
12. Sex of Horse:
1 = Male 2 = Gelding 3 = Filly/Mare
13. Primary Use of Horse:
1 = Breeding 2 = Work
3 = Pleasure 4 = Racing
5 = Competition (Event(s): _____)
6 = Other (specify: _____)

20. Type of Hay:

a. Grass Hay: 0 = No 1 = Yes
Specify type (eg, Timothy grass): _____
Flakes per day _____

b. Alfalfa Hay: 0 = No 1 = Yes
Flakes per day _____

c. Other Hay: 0 = No 1 = Yes
Pounds per day _____

21. Does the horse receive any of the following supplements (please circle all that apply):

1 = Mineral Supplements 2 = Vitamin Supplements 3 = Protein Supplement
4 = Fat or Vegetable Oil 5 = Other (specify: _____)

22. Has the horse had a recent change in diet:

0 = None 1 = Within 48 hours of examination
2 = Within past week 3 = Within past 2 weeks
9 = Unknown

23. Was the diet change a result of (an intervention for) the problem of recurrent colic?

0 = No 1 = Yes

24. Is the horse a cribber?

0 = No 1 = Yes

25. Dentistry:

0 = Not done routinely 1 = Once a year
2 = Twice a year 3 = More than twice a year
9 = Unknown

26. Parasite Control:

a. Does the horse receive regular deworming? 0 = No 1 = Yes

b. Does the horse receive a daily dewormer? 0 = No 1 = Yes

c. How frequently is the horse purge (ie, receives anthelmintics routinely by paste or tube vs. daily dosing) dewormed?

1 = Approximately every 4 weeks
2 = Approximately every 8 weeks

- 3 = Decreased in some quadrants
- 4 = Decreased in all quadrants
- 5 = Normal in all quadrants
- 6 = Increased in some quadrants
- 7 = Increased in all quadrants

51. Were any pings detected during percussion and auscultation of the abdomen?
0 = No 1 = Yes 2 = Not attempted/performed

52. Rectal palpation findings:
1 = Normal
2 = Abnormal (specify: _____)
3 = Not performed

53. Any physical evidence of abnormalities in other body systems?
0 = No
1 = Yes (specify: _____)

54. Were any of the following performed (please circle all that apply):
1 = Endoscopy of stomach 2 = Ultrasonography of abdomen
3 = Abdominal radiography

If any test was performed and an abnormality was found, please specify:

55. What was the owner's or care provider's perception of the cause of the colic?
