

Kohnke's Own[®]

THE FUTURE OF HORSE NUTRITION



Interactive **Ration Analysis Form** **2015**

Kohnke's Own Nutritional Advisor: **Karen** <karen@kohnkesown.com>

This is an interactive PDF. For best results, save this form to your computer and view it using the latest version of Adobe Reader. [Click here to get the free Adobe Reader](#)

If you are not sure that the 'submit' button at the end of this form has worked, you can save the completed form to your computer and email it as an attachment to your nutritional advisor.

You may experience problems with the interactive parts of this form if you are viewing it on a tablet or smart phone. You could check your 'app' store for a PDF reader that claims to view interactive PDFs. If you are still experiencing problems and don't have access to a computer to view the form, please contact us for a hard copy.

Kohnke's Own - Free call 1800 11 22 27 • Free fax 1800 11 22 28 • info@kohnkesown.com

Acknowledgment: John Kohnke Products use the online horse nutrition software www.feedxl.com developed by Dr Nerida Richards PhD. Questions on the John Kohnke Ration Analysis Form are compiled in accordance with the Feed XL program data requirements to help ensure accuracy of your ration analysis. A number of other relevant questions are also asked for management advice.

Owner Details:

Name:

Address:

Phone:

Email:

Fax:

Date:

Horse Details:

Name:

Breed:

Age: In years for mature horse **OR** In months for foal, weanling or yearling

Height: Hands or cms **Estimated weight:** Kgs

Sex: Mare Gelding Stallion

Colour: If palomino or buckskin, does your horse have a 'smutty' coat?

Discipline: Example: retired, young horse, breeding, racehorse, dressage, endurance, pony club, show horse

Exercise Level: Not in work Light work Moderate Hard (intense)

Exercise comments:

If applicable. For example; recently spelled after competition season, in early training stages, breaking in, light work after injury. Note number of weeks or months in work if relevant.

Sweating: Heavy sweating Normal sweating Poor sweating Non-sweating (anhydrous)

Nervousness: Not nervous During exercise At competitions Always nervous

Nervousness comments:

If applicable. For example; anxious when separated from other horses, only nervous in new environments, anxious around feed time.

Breeding:

Pregnant mare Months

Lactating mare Months

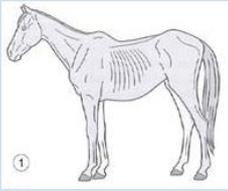
Stallion

When did you last have your horse's teeth checked? Months

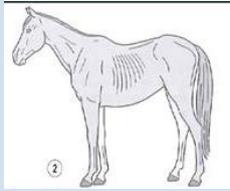
When did you last worm your horse? Months Product used?

Horse Health:

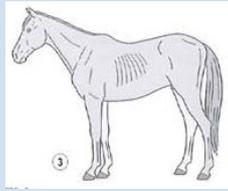
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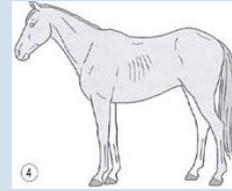
Poor



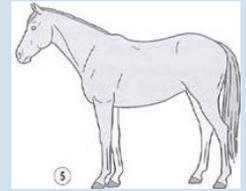
Very Thin



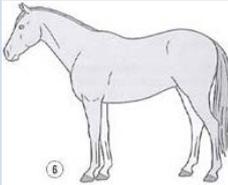
Thin



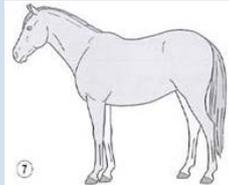
Moderately thin



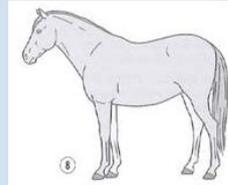
Moderate



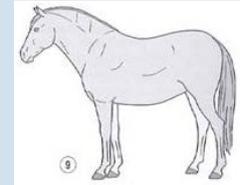
Moderately fleshy



Fleshy



Fat



Extremely Fat

Keeper Status: Good doer Normal doer Poor Doer

Do you want your horse to: Lose weight Maintain weight Gain weight

Eating Habits: Good eater Average eater Poor eater Picky after exercise

Disease Status:

None - normal health, no problems

Colic Type of colic

Cushings Disease Specify duration if known. Months Years

Laminitis Specify duration in weeks.

Equine Metabolic Syndrome (EMS) & Insulin Resistance (IR) Specify duration in weeks.

Grain Intolerance Eg. Diarrhoea, skin 'bumps'

Gastric Ulcers: suspected Diagnosed

Arthritis Joint pain and stiffness

Hyperkalemic Periodic Paralysis (HYPP)

Tying Up: Occasional (RER) Chronic (PSSM)

Developmental Orthopaedic Disease (OCD) Including physisitis, epiphysitis, bent legs etc

Current Diet:

To help ensure a precise analysis of your horse's diet, please provide an accurate description of the daily ration. **Please include brand names and daily intake of each feed type in litres, kilograms or grams.**

Location of horse:

If not kept at your address, type in state and closest town.

Pasture Access:

No Grazing	24 hour access to pasture	If stabled/yarded with turnout. How much pasture access per day	Hours (approx)
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Pasture Type:

Native

C3 grasses Southern Australian climates, eg Ryegrass, cocksfoot, fescue, phalaris, rhodes grass, sub-clover, white clover, lucerne.

C4 grasses Northern Australian climates, eg buffel grass, kikuyu, panic, couch grass, setaria, pangola grass, bahia grass, buffel grass.

Mix of grass & legume	% Grass	% Legume
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Pasture Quality:



Excellent



Good



Average



Poor



Overgrazed/
Drought Affected

Other/Pasture comments:

Please add any information you think is relevant about the type of pasture in your paddocks. You are welcome to email a photo of your pasture to your nutritional advisor via the email address on page 1.

Hay in Feed Ration:

Hay Type 1	No. biscuits	Is hay soaked before feeding
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Quality of Hay Type 1	Prime	Good	Average	Poor
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Hay Type 2	No. biscuits	Is hay soaked before feeding
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Quality of Hay Type 2	Prime	Good	Average	Poor
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Chaff in Daily Feed Ration:

Lucerne Chaff:	Kg/litres	Please type in amount and units used. If you can weigh the chaff, please use kgs, if you do not know the actual weight, please state volume of dipper, scoop or measure in litres. Examples: 2kg (if weight known). 3L (if you feed 3 x 1 litre dippers).
Wheaten/Oaten Chaff:	Kg/litres	

Grains, Premixes, commercial Feeds in Daily Feed Ration:

Feed type 1:		Please include brand name of feed if known Please type in amount and units used. If you can weigh the feed, please use kgs, if you do not know the actual weight, please state volume of dipper, scoop or measure in litres. Examples: 2kg (if weight known). 3L (if you feed 3 x 1 litre dippers).
	Kg/litres	
Feed type 2:		Examples: 2kg (if weight known). 3L (if you feed 3 x 1 litre dippers).
	Kg/litres	
Feed type 3:		3L (if you feed 3 x 1 litre dippers).
	Kg/litres	
Feed type 4:		3L (if you feed 3 x 1 litre dippers).
	Kg/litres	

Supplements and Oils in Daily Feed Ration:

Supplement 1:		Please include brand name of supplement if known Please type in amount and units used. Please use grams (g) if supplement is a powder or small pellet. Please use millilitres (mL) if an oil (1 standard cup = 250ml).
	g/mL	
Supplement 2:		Please use grams (g) if supplement is a powder or small pellet. Please use millilitres (mL) if an oil (1 standard cup = 250ml).
	g/mL	
Supplement 3:		Please use grams (g) if supplement is a powder or small pellet. Please use millilitres (mL) if an oil (1 standard cup = 250ml).
	g/mL	
Supplement 4:		Please use grams (g) if supplement is a powder or small pellet. Please use millilitres (mL) if an oil (1 standard cup = 250ml).
	g/mL	
Supplement 5:		Please use grams (g) if supplement is a powder or small pellet. Please use millilitres (mL) if an oil (1 standard cup = 250ml).
	g/mL	
Supplement 6:		Please use grams (g) if supplement is a powder or small pellet. Please use millilitres (mL) if an oil (1 standard cup = 250ml).
	g/mL	

Feed comments:

Please add any information you think might be relevant about your horse's feed or feed management routine.

Thank You

Your Form is Now Completed

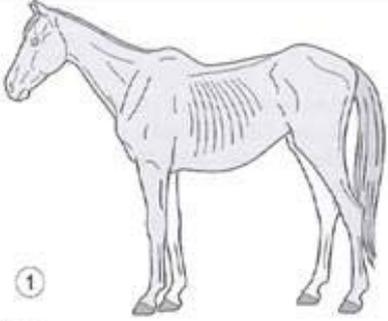
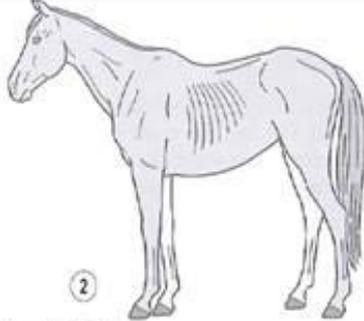
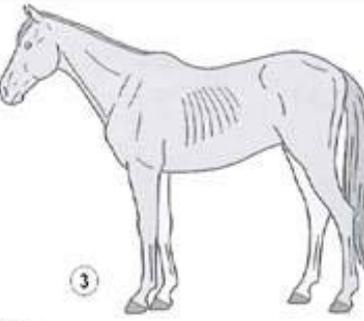
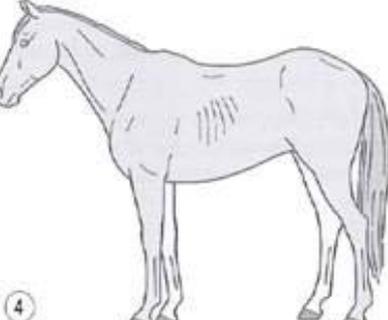
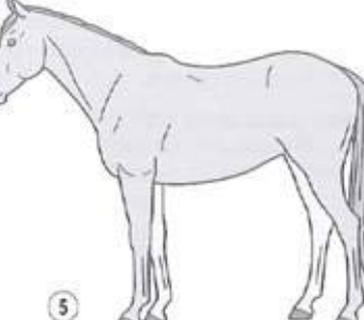
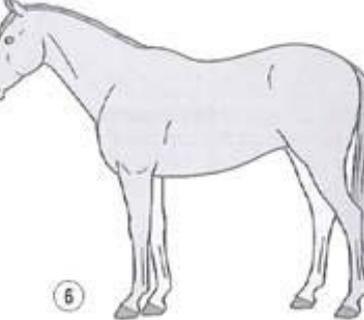
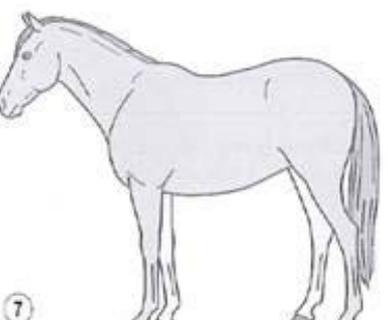
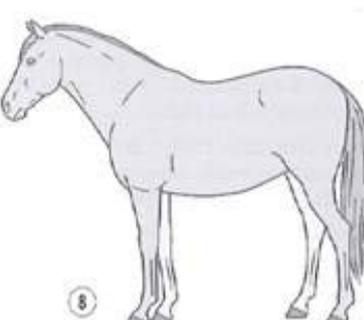
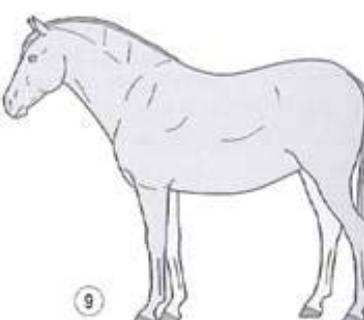
When the form is submitted using the button below, the program will prompt you to type in your email address.

You will then be given the choice of using Desktop Email or Internet Email. Choose Desktop Email, if you use Outlook Express or a desktop based email program. If you have a desktop email program, the program will attach the order form ready for you to click send on you email program.

If you have an internet based email where you have to log onto an account over the internet, ie hotmail, fastmail or gmail, the program will prompt you to save a copy of the filled order to your computer. You then have to log into your internet email provider and attach the saved form, then email to ratians@kohnkesown.com

Before Submitting Please Review Every Section to Ensure Form is Fully Completed

Condition Scoring:

 <p>①</p> <p>Poor – Hose is extremely emaciated. Tail-head, hips and point of hips prominently project. Withers, shoulders, neck, ribs and spine easily seen and no presence of fat deposits seen or felt.</p>	 <p>②</p> <p>Very Thin – Hose is emaciated. Tail-head, hips and point of hips project. Withers, shoulders, neck, ribs and spine distinguishable. Little presence of fat deposits seen or felt.</p>	 <p>③</p> <p>Thin – Horse is underweight. Tail-head is still prominent but the spine is lightly covered. Hips slightly rounded but point of hips project. Withers, shoulders and neck are accentuated. Ribs still prominent.</p>
 <p>④</p> <p>Moderately Thin – Ribs are faintly distinguishable. Tail-head slightly prominent but fat can be felt around the area. Spine covered but still raised. Hips rounded with less obvious points of hips. Withers, shoulders and neck not obviously thin.</p>	 <p>⑤</p> <p>Moderate – Back is level. Ribs cannot be visually seen but can be felt. Tail-head covered and fat deposits feel spongy. Whither appear rounded. Shoulders and neck blends smoothly with the body.</p>	 <p>⑥</p> <p>Moderately Fleshy – Back is rounded and fat over ribs feels spongy. Fat around tail head feels soft and fat begins to deposit behind shoulders, on either side of the whither and along neck.</p>
 <p>⑦</p> <p>Fleshy – Spine will be a slight dip with fat raised on either side. Difficult to feel ribs. Fat around tail head feels soft and deposit of fat are behind shoulders, on either side of the whither and along neck.</p>	 <p>⑧</p> <p>Fat – Dip running down the horse spine. Difficult to feel ribs. Fat around tail head feels very soft. Area behind shoulder is filled with fat and flush with the rest of the body. Neck is noticeable thick. Fat deposits along the inner thigh.</p>	 <p>⑨</p> <p>Extremely Fat – Obvious dip running down the horse spine. Patchy fat deposits over ribs. Bulging fat around tail-head, along whither, behind shoulders and along the neck. Fat deposits along the inner thigh may rub together.</p>

Health Problems:

Big Head or Nutritional secondary hyperparathyroidism:

A condition which develops as a result of dietary calcium being bound up by phytic acid from grains, bran and pollard or high levels of oxalate compounds present in tropical pastures. Both Phytic Acid and oxalate compounds prevent calcium uptake from the small intestine. Low blood calcium results in the resorption of calcium from non weight-bearing bones of the face and pelvic structure. Chronic resorption from the facial bone results in the development of big head with distortion of the nasal bones. Additional calcium in the diet is essential in the prevention and treatment of this condition.

Laminitis

Refers to the inflammation and swelling of the soft, sensitive highly vascular pedal bone laminae that supports the pedal bone within the hoof capsule. The most common cause of laminitis is due to alteration to the blood flow within the hoof. This occurs as a result of starch and soluble sugar overload from high grain or lush pasture intake causing hindgut acidosis. It is also related to toxic shock arising from infection, stress or gut surgery. Laminitis is a very painful condition and can make the affected horse extremely lame. A low GI diet is essential for the management of laminitis.

Colic

Includes any degree of pain in the abdomen of the horse. Colic is most commonly caused by digestive upsets, such as sudden changes in the feed, but the abdominal pain can originate from the liver, urinary tract, uterus or other internal organs. Colic will range in severity from mild discomfort to an extreme, intense localised form which can be life threatening. Horses will colic may lay down, roll and/or kick its legs in an attempt to relieve pain.

Grain Intolerance

Includes any condition in which the horse cannot tolerate grain in the diet. This may include horses who get overexcited when fed grains, laminitic horses, horses suffering from diarrhoea or gastric ulcers and those that develop skin 'bumps' or other allergy type reactions following grain consumption.

Developmental Orthopaedic Disease (DOD)

DOD is a group of limb and growth abnormalities that affect growing horses. DOD includes problems related to the abnormal calcification of bones, poorly formed cartilage, limb deviations or angular limb deformities, 'wobblers syndrome', joint growth plates or subchondral cysts as well as osteochondrosis dissecans (OCD) most commonly found in the shoulder and stifle joints. These abnormalities can be caused by hereditary or genetic influences, calorie intake, inadequate or imbalanced vitamin and mineral intakes, exercise and growth rate. It has been suggested that hormonal influences may also contribute to DOD in horses.

Equine Gastric Ulcer Syndrome (EGUS)

EGUS includes lining erosion or ulceration in the oesophagus, upper stomach and small intestine. It is caused when the sensitive lining is subjected to acidic gastric secretions. EGUS can be caused by exercising the horse on an empty stomach, limited fibre in the diet, high dose or long term use of NSAID's such as bute, or horses exposed to regular stress. Symptoms may include loss of appetite, picky eating, the horse standing with front legs close together, 'slobber' or chew the bit during exercise, agitated when tightening the girth, eating dirt, chewing or biting rails. The horse may also paw the ground, crib bite, windsuck, or displaying restless, anxious or agitated behaviour particularly during transport or when tied up.

Equine Cushings Disease (ECD)

There are two forms of ECD referred to as 'Classical Cushings' and 'Metabolic Cushings'. Classical Cushings is caused by pituitary pars intermedia dysfunction (PPID), resulting in the degradation of hypothalamic dopaminergic nerve trunks that use dopamine to transport nervous impulses. Metabolic Cushings results in the development of insulin resistance (IR) where the body cells don't respond readily to insulin released after eating sugars and starches. Instead, as glucose increases in the blood it is converted to and stored as fat. Signs of ECD include patches of long hair along the chin, neck and legs, long shaggy and often curly coat that fails to shed, slow movement due to a lack of energy and a pot belly shape. Affected horses and ponies may also lack topline, sweat profusely, drink excessively and urinate regularly. Horses and ponies with Classical Cushings will often have a ribby appearance and develop a soft, prominent swelling in the normally sunken area above the eye. A low GI diet is recommended for the management of ECD.

Hyperkalemic Periodic Paralysis (HYPP):

Health Problems:

Is an inherited defect, occurring in the skeletal sodium channels of cells which disrupts the regulation of sodium and potassium and therefore the normal contraction and relaxation of muscles. It is caused by an autosomal dominant, point mutation gene which affects descendants of the Quarter Horse stallion Impressive. Today Impressive's bloodlines carry through the Quarter Horse, Appaloosa, American Paint Horse and Palomino Breeds throughout the world. At early stages of an attack signs include muscle fasciculations where the muscle cannot relax and yawning. If the attack worsens, signs include muscle spasms and weakness, sweating and display signs of colic. In very severe cases the horse will have prolapsed the third eyelid and have weakness in the hindlimbs resulting in the horse sitting like a dog or recumbency.

Insulin Resistance (IR):

Is a disease caused by a reduced tissue response to circulating insulin making the insulin ineffective, which causes blood glucose concentrations to rise higher than the set metabolic range. IR horses and ponies are often overweight, have a cresty neck and obvious tail butt fat deposits. Affected horses and ponies are at a higher risk of suffering from laminitis, Equine Metabolic Syndrome (EMS) and Equine Cushings Disease (ECD). A low GI diet is essential for the management of IR.

Equine Metabolic Syndrome (EMS)

A disease related to abnormal glucose metabolism and insulin resistance (IR) where the body cells don't respond readily to insulin released after eating sugars and starches. Affected horses and ponies are usually in a heavy or obese condition with abnormal fat accumulation behind the shoulder, above the tail butt, around the sheath or udder and have a hard 'cresty' neck. EMS horses and ponies may develop a slight curl on the tips of the hair along the barrel and neck and have muscle wastage over the topline and rump. They will often have little energy for exercise, appear lethargic and have a high risk of repeated laminitic episodes. A low GI diet is essential for the management of EMS.

Tying Up (RER)

Tying up is the common term for a type of muscle cramping which occurs in horses during or within 2 hours following exercise. Tying Up is technically named Recurrent Exertional Rhabdomyolysis or RER which describes the damaging effects resulting in dissolution of muscle cells during exercise. Clinical signs include a shortened stride, most commonly in the hindlimbs, exercise intolerance, back pain, reduced weight bearing and gait discomfort, and in severe cases knotting and development of cramp-like consistency in the affected muscles. The underlying cause is not fully understood, however it is thought to be related to feeding management, electrolyte depletion or imbalance and intracellular calcium regulation.

Tying Up (PSSM)

Polysaccharide Storage Myopathy (PSSM or EPSM) is a form of Tying up where excess concentrations of glycogen and glucose-6-phosphate are present in muscle cells resulting in a type of muscle cramping. PSSM commonly affects Quarter Horses, however it has also been described in, Standardbred fillies, Paints, Warmbloods, Appaloosas, Morgan horses and Draft breeds. Clinical signs include a shortened stride, most commonly in the hindlimbs, exercise intolerance, back pain, reduced weight bearing and gait discomfort, and in severe cases knotting and development of cramp-like consistency in the affected muscles. PSSM appears to be caused by high levels of starch and sugar in the horse's diet, therefore to manage the condition a low GI diet is recommended