

# Animal Feed Solutions Ltd - NZ TEM Health Nutrition Analysis

Date: \_\_\_\_\_ Agent name: \_\_\_\_\_ © Animal Feed Solutions Ltd copyright

Owners Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

## Horse Details:

Name: \_\_\_\_\_ Age: Foals, Weanlings, Yearlings \_\_\_\_\_ months Mature Horse \_\_\_\_\_ years

Breed: \_\_\_\_\_ Estimated Weight (kg): \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_

Discipline:  Pleasure  Dressage  Racing  Harness Racing  Eventing  Endurance  
 Show Jumping  Hunting  Pony Club  Showing  Carriage Driving Other \_\_\_\_\_

Exercise Level:  Not in work  Light  Moderate  Hard

Training Stage:  Early Training \_\_\_\_\_ weeks  Advanced Training \_\_\_\_\_ weeks  Spelling from Training \_\_\_\_\_ weeks

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

Nervousness:  Not Nervous  During Exercise  After Exercise  Continuously  Travel

Breeding:  Pregnant Mare \_\_\_\_\_ months  Lactating Mare \_\_\_\_\_ months  Stallion

Condition Score: (Please tick the appropriate box)

1- Emaciated  2- Very Thin  3- Thin  4- Moderately Thin  5- Moderate  
 6- Moderate to Fleshy  7- Fleshy  8- Fat  9 - Extremely Fat

Keeper Status:  Good Doer  Normal Keeper  Poor Doer

Eating Habits:  Good Eater  Average Eater  Poor Eater  Picky Eater after Exercise or Travelling

Do you want your horse to:  Lose weight  Maintain weight  Gain weight  More topline/muscle

For horse grazing oxalate pastures:  Symptoms of 'Big Head'  Skeletal symptoms in young horses

## Disease Status:

- |  |   |
|--|---|
| <input type="checkbox"/> None – Normal Health, no problems   | <input type="checkbox"/> Hyperkalemic Periodic Paralysis (HYPP)   |
| <input type="checkbox"/> Colic – Type: _____   | <input type="checkbox"/> Equine Metabolic Syndrome (EMS) & Insulin Resistance (IR) – Duration _____ weeks |
| <input type="checkbox"/> Cushings Disease – Duration _____ weeks   | <input type="checkbox"/> Laminitis – Duration _____ weeks   |
| <input type="checkbox"/> Developmental Orthopaedic Disease – OCD including phytitis, epiphysitis, bent legs etc. | <input type="checkbox"/> Tying Up – Occasional (RER)  |
| <input type="checkbox"/> Grain Intolerance eg. Diarrhoea, skin 'bumps'   | <input type="checkbox"/> Tying Up – Chronic (PSSM)  |
| <input type="checkbox"/> Gastric Ulcers – <input type="checkbox"/> suspected <input type="checkbox"/> diagnosed  | <input type="checkbox"/> Staggers, Mycotoxin issues   |

Do you have any other specific concerns about your horse's health or performance?

When did you last have your horse's teeth checked? \_\_\_\_\_ months

When did you last worm your horse? \_\_\_\_\_ weeks

PLEASE ENSURE YOU COMPLETE PAGE 2

To help ensure precise analysis of your horse's diet, please provide an **accurate description** of the daily ration including **brand names** and daily intake in **litres, kilograms or grams**

Location of Horse (if not kept on your property): \_\_\_\_\_

**Pasture Access:**

Time grazing:

No grazing  0-3 Hours  4-6 Hours  7-10 Hours  11-15 Hours  16-24 Hours

Pasture Type:

Native  Legume  Clover  Ryegrass  Cocksfoot  Phalaris  Kikuyu  Fescue

Pasture Mix % grass \_\_\_\_\_ % legumes \_\_\_\_\_  Other (please specify) \_\_\_\_\_

Pasture Quality:  Excellent  Good  Average  Poor  Overgrazed  Drought affected

**Hay and Chaff:**

Hay Type 1: \_\_\_\_\_ No. of Biscuits: \_\_\_\_ Quality:  Prime  Good  Average  Poor

Hay Type 2: \_\_\_\_\_ No. of Biscuits: \_\_\_\_ Quality:  Prime  Good  Average  Poor

*If actual weight is not known, please state volume of dipper, scoop or measure in **Litres** e.g. 2L, 3L, etc.*

Lucerne Chaff: \_\_\_\_\_ state Litres or kg Meadow/Oaten Chaff: \_\_\_\_\_ state litres or kg

**Grains, By-products, Premixes, Commercial Feeds (state brand name), Etc:**

*If actual weight is not known, please state volume of dipper, scoop or measure in **Litres** e.g. 2L, 3L, etc.*

1. \_\_\_\_\_ Litres/kg 2. \_\_\_\_\_ Litres/kg

3. \_\_\_\_\_ Litres/kg 4. \_\_\_\_\_ Litres/kg

**Supplements:**

*Please include **brand name** and daily intake in **grams** if powder, or **mL** if oil.*

1. \_\_\_\_\_ Grams/mL 2. \_\_\_\_\_ Grams/mL

3. \_\_\_\_\_ Grams/mL 4. \_\_\_\_\_ Grams/mL

5. \_\_\_\_\_ Grams/mL 6. \_\_\_\_\_ Grams/mL

7. \_\_\_\_\_ Grams/mL 8. \_\_\_\_\_ Grams/mL

**Acknowledgement: Animal Feed Solutions use the [www.feedxl.com](http://www.feedxl.com) Questions on the 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 to help with additional management advice.**

Email: [info@animalfeedsolutions.com](mailto:info@animalfeedsolutions.com) Freephone 0800 AFEEDS – Text & Mobile 027 443 4119

**Office Use Only:**

Date Received: \_\_\_\_\_ Date completed: \_\_\_\_\_ Ration analysed by: ` \_\_\_\_\_