



# Pre-Survey Summary

Martin Collishaw - Cottingham East Yorks HU165YE

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## General

|                |  |         |  |
|----------------|--|---------|--|
| Name of horse: |  | Age:    |  |
| Breed:         |  | Height: |  |

Sex: Gelding  Mare

| Colour | Markings | Time owned |
|--------|----------|------------|
|        |          |            |

## Injuries/concerns

|                    |  |
|--------------------|--|
| Current issues:    |  |
| Historical issues: |  |
| Reason for scan:   |  |

## Owners Details

|             |  |
|-------------|--|
| Name:       |  |
| Address:    |  |
| Email:      |  |
| Tel Number: |  |

## Other Details

|                   |  |
|-------------------|--|
| Vet:              |  |
| Farrier:          |  |
| Sadler:           |  |
| Physio/Chiro etc: |  |

## Personality

| Temperament | Sensitivity (to touch) |
|-------------|------------------------|
|             |                        |

## Use of horse

| Leisure use | Competition use |
|-------------|-----------------|
|             |                 |

## Daily routine

| Usual | Last 24 hours | Last activity |
|-------|---------------|---------------|
|       |               |               |

**Disclaimer:** The thermography is an aid to diagnosis only, it is illegal to provide diagnosis, any findings or concerns should be referred to your vet for diagnosis

**Confidentiality:** Equine Infrared treat all information and results as highly confidential, we can assure only the owners and trusted carer will receive information, and all results are stored safely in the company's secure file storage system



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## Condition of the horse

|                       |                            |                            |            |                            |                            |        |                            |                            |          |                            |                            |
|-----------------------|----------------------------|----------------------------|------------|----------------------------|----------------------------|--------|----------------------------|----------------------------|----------|----------------------------|----------------------------|
| Last Exercise (1 hr): | Y <input type="checkbox"/> | N <input type="checkbox"/> | Brushed:   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Clean: | Y <input type="checkbox"/> | N <input type="checkbox"/> | Rugs:    | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Bandages (1 hr):      | Y <input type="checkbox"/> | N <input type="checkbox"/> | Cream:     | Y <input type="checkbox"/> | N <input type="checkbox"/> | Eaten: | Y <input type="checkbox"/> | N <input type="checkbox"/> | Clipped: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Medication:           | Y <input type="checkbox"/> | N <input type="checkbox"/> | Tail tied: | Y <input type="checkbox"/> | N <input type="checkbox"/> |        |                            |                            |          |                            |                            |

## Visual check

|                   |                   |           |
|-------------------|-------------------|-----------|
| Forelimbs         | Hindlimbs         | Shod      |
|                   |                   |           |
| Neck, back & hind | Scars/Sarc/Whirls | Shod Date |
|                   |                   |           |

## Location & Environment

| Ambient Temp °C | External °C | Internal °C | Stable/barn | Other |
|-----------------|-------------|-------------|-------------|-------|
|                 |             |             |             |       |

|            |                            |                            |              |                            |                            |             |                            |                            |           |                            |                            |
|------------|----------------------------|----------------------------|--------------|----------------------------|----------------------------|-------------|----------------------------|----------------------------|-----------|----------------------------|----------------------------|
| Dry Floor: | Y <input type="checkbox"/> | N <input type="checkbox"/> | Clear Floor: | Y <input type="checkbox"/> | N <input type="checkbox"/> | Even floor: | Y <input type="checkbox"/> | N <input type="checkbox"/> | Draughts: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|------------|----------------------------|----------------------------|--------------|----------------------------|----------------------------|-------------|----------------------------|----------------------------|-----------|----------------------------|----------------------------|

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