

Clinical examination questionnaire

Official registered number at NÉBIH:

Veterinarian:

Onset of disease:

Sampling date:

Place, county:

General data of equine:

Age:

Gender: Female / Male

Usage: Sport / Hobby / Breeding / No usage

Stable circumstances: closed stable / field / both

Vaccination history:

Previous illnesses:

Clinical signs:

Hyperthermia

Anorexia

Depression

Behavior change

Hyperesthesia

Muscle tremors

Muscle fasciculation

Ataxia

Weakness / Paresis

Paralysis

Lameness

Recumbence

Colic

Dysphagia

Nystagmus

Cranial nerve paralysis

Treatment:

NSAID

Dimethyl- Sulfoxide

Glucocorticoids

IV fluid

Others:

Outcome: survived / died – euthanized

Figure S1. Standard examination questionnaire.