Dear patient owners,

My name is Rabea Lensing and I am a veterinarian at the Equine Clinic Hochmoor.

As part of my doctoral thesis at the Free University of Berlin, I am working on the topic „Influence of oral cavity health on gastroscopic findings".

Your horse will untergo a gastroscopy at the Equine Clinic Hochmoor. I would like to carry out an examination of the oral cavity under the same sedation in order to obtain information for my doctoral thesis. If the examination reveals any findings that require treatment, you will be informed and can be treated immediately if necessary.

If you agree to the oral cavity examination, please complete the following questionnaire:

Name (patient owner): _____

Details of the horse:

Name	
Age	
Sex	
Breed	
Weight	
Size	
Owned since	
Posture	Boxen housing □ Paddock box housing □ Grazing □ _____ hours/day Robust husbandry □ Open stable housing □ Active stable housing □ Bedding material: _____ How many other horses?:_____ Other:_____
Usage	Leisure □ Sport □

Tournament participation	yes □ no □
Training level	
Training frequency	Hours/week
Number of riders	

Feeding	

What?	
How much?	
How often?	
How? (e.g. hay net, watered hay)	
In what order?	
Access to water (e.g. always, limited)	

Pre-treatment What medication (stomach medication, painkillers) has your horse been given in the last 6 month?	What?	
	How much?	
	How long?	
	When was the last time?	
Oral cavity examinations/ Dental treatment	How often?	
	When was the last time?	
	What was done?	
Has your horse ever had a gastroscopy?	Yes □ With the result: _____ No □	
Deworming	How often?	
	When was the last time?	
	Which?	
Signs of illness (e.g. drop in performance, flehmen, faeces water, colic symptoms), behavioral abnormalities (e.g. cribbing)	Which?	
	How strong?	
	When? (e.g. after feed intake)	
Have there been any stressful situations for your horse recently (e.g. change of stable, transportation, ranking problems, participation in competitions)?	Yes □, the following situation(s):_____ No □, I am not aware of this.	

Since the success oft he treatment is also of great interest, I would like to contact you after some time to check your horse´s eating behavior and willingness to perform, for example.

Freie Universität Berlin

PFERDEKLINIK HOCHMOOR ANGEWANDTE WISSENSCHAFT

I agree to the examination of my horse´s oral cavity and to the anonymized participation in Rabea Lensing´s dissertation project.

_____ _____

Place, date Name, signature

Thank you for your participation!